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ORIGINAL PAPERS

SYMPOSIUM ON THE THEORY OF THE THERAPEUTIC RESULTS OF PSYCHO-ANALYSIS[1]

I.

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The decision to hold a Symposium on the nature of Therapeutic Results is a clear indication that theories on this subject which have been generally accepted for so many years are either no longer regarded as adequate or no longer entirely acceptable. At any rate it will add considerably to our freedom of discussion if we admit from the onset that legitimate differences of opinion have arisen as to both past and present therapeutic formulations. Moreover, to judge from earlier analytic controversies it would appear that whenever differences of opinion exist in psycho-analytic circles, two safe generalizations can be made: first, that the original views put forward by Freud on that particular subject are still the best available and second, that as a result of more recent work, these original views are capable of, indeed require, more detailed correlation. I should like to add that in most cases the first of these two generalizations is the more valuable.

Reviewing earlier literature, there seems to be no question that Freud's original views, simple and schematic as they were, still constitute the most valuable and permanent contribution to the subject. These were in effect (1) the existence of transferences, (2) the development of the analytic or transference neurosis and (3) the degree to which the existence of these two manifestations (and in particular their negative forms) was hidden by repression or obscured by projection, thus giving rise to resistances. Successful results depended on the extent to which these three factors were analysed.

[1] Held at the Fourteenth International Psycho-Analytical Congress Marienbad, August 4th, 1936.

Later contributions can be divided into two main periods. The first of these was concerned for the most part with restatements. The theory of transferences and resistances was restated in terms of the newer ego-psychology. This led to more copious use of the terms super-ego and Id but did not add very much to the earlier clinical conceptions. The second and more recent group consists of speculations as to the effect of introjection mechanisms on transferences. This expansion of the concept of introjection together with increasing recognition of the importance in therapeutic processes of fusion and defusion of instinct added considerably to our technical range. But apart from this they did not widen very much our theory of analytic results except in so far as they compelled us to pour old wine into new bottles. Indeed, it might also be said that these later phases gave rise to a certain reactionary tendency in analytical theory. For it would appear from the contributions of various modern writers as if the emphasis placed on early phases of introjection and projection had led to a neglect of the fundamental importance of repression, particularly in the later infantile years.

In this brief review I have said nothing so far as to the rôle of interpretation. The significance attached to interpretation has also varied according to the state of analytic theory. Discussions of the subject became more lively only after ego-terminology came into vogue. Earlier ideas of the unconscious and of the repressed did not demand a very recondite view of the nature of the interpretation. The analyst was permitted to uncover to the best of his ability the repressed pathogenic focus and in particular to correct the faulty repression consequent on regression to a fixation point. In these days it didn't matter very much how he did this so long as he *did* do it to the point of symptom resolution. I cannot help thinking that as we come to know more of mental development and as we become more ambitious in our therapeutic aims, we are prone not only to become more obscurantist in our therapeutic ideology but to overestimate the refinement of our labour.[2]

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[2] In this connection I recall a remark made in course of personal conversation with Hanns Sachs in the period prior to Freud's first description of the Id. He said in effect that our deepest analyses were no more than scratching the earth's surface with a harrow. Possibly a younger generation of analysts would regard this as a confession of the comparative ignorance of the period. Yet there is a good deal to be said for the view

Yet I have no doubt at all that our therapeutic theory should keep step with our newer clinical understanding. For many years I have advanced the view that increased understanding of the etiology of psychopathological states depends on increased knowledge of the stages of mental development. I believe for example that the obsessional neuroses date in most instances from about the age of two years, that they constitute a pathological overemphasis of a normal obsessional phase, that this normal phase is intended to consolidate ego development and render the ego less sensitive to violent alternations of projective and introjective phases. According to this view it is essential that our theory of therapeutic results should keep pace with the complexity of ego-development and with the complexity of our etiological formulæ.

Take for example, earlier views regarding transference and transference resistance (both positive and negative). Although these earlier views were and, as I have suggested, are still profoundly accurate, they no longer reflect adequately our knowledge of mental development. They were influenced for the most part by our understanding of one unconscious mechanism, that of displacement. And that is not quite good enough for us now. An adequate conception of transference must reflect the *totality* of the individual's development. The patient it is true displaces or *transfers* massively but he displaces on to the analyst not merely affects and ideas but *all* he has ever learnt or forgotten throughout his mental development. Analysing the transference for theoretical purposes we should find a complete reflection of the unconscious ego, a complete reflection of its mechanisms and patterns, of its affects and consequently of the instincts it has to control or satisfy. Therapeutic results must depend in principle on *precisely the same factors* that can be found operative throughout infancy up to and including puberty. In other words, transference is not an example of a single mechanism but a repetition of infantile development, and must include a multiplicity of factors.

The task of assessing which factors are operative in all cases and which are characteristic of specific cases is, I take it, the task we are faced with to-day. Fortunately it is not difficult to make some simple generalizations on the subject. There are three main therapeutic approaches in analysis (1) the *analysis of mental mechanisms* with which goes in most but not all cases, the analysis of layers of ego-

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that some of the modern chess-board methods of analysis make up in complexity for what they lack in clinical perspective.

structure,[3] (2) the analysis of *affects*. Any attempt to modify these affects involves simultaneously (3) the analysis of *instinct quantities* and *movements* which include the phenomena of libido *fixation* and *regression* and the analysis of *fusions* of libido and aggressive impulse.

For practical purposes the analysis of mechanisms involves the uncovering and correction of faulty repression, displacement and, reaction formation and the modification of the projection-introjection group of mechanisms. There are doubtless others to be considered but we hear very little of them, know little about them and have done little work on them. The analysis of mechanisms is interesting because, whether or not they exist as tendencies from early infancy, there is in my opinion a hierarchy of such mechanisms or, if not a simple hierarchy, then a series of developmental phases in which certain combinations of mechanisms are characteristic. It has often been maintained that depressions, obsessional neuroses, hysterical phobias, etc. exhibit characteristic mechanisms, but the bearing of such observations on psychoanalytical technique has not been emphasized. If the view is correct that all psychopathological states can be arranged in a developmental sequence, and if, as I suggest, there is a corresponding series of characteristic mechanisms, it follows that our therapeutic success must depend to some extent on the degree of efficiency with which we correct the mechanisms characteristic of any one case. This implies a certain need for specialization in analytic work, a state of affairs which seems in any case inevitable. It has long been known that some analysts get better results with some clinical types than with others. Naturally this view does not involve any neglect of the dynamic conditions that lead to exaggerated functioning of mechanisms. It merely emphasizes the necessity of taking mechanisms into account when assessing therapeutic factors.

And here arises a question which has been raised by Dr. Schmideberg amongst others, namely, how do we correct these mechanisms. On the answer to this question depends our whole valuation of the process of interpretation. It is sometimes forgotten that interpretation

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[3] The chief exception to this is the analysis of negative or denial mechanisms such as repression. Repression may have, as Freud suggested, a specific relation to the genital phase of object relation and so prove to be the most significant mechanism in hysterical symptom formation. On the other hand repression leaves few traces by which it can be dated and the concept of primary repression in particular suggests that it plays a considerable part in earlier phases.

as originally conceived was intended to correct excessive or *faulty function of repression* by introducing preconscious links. It is too easily assumed that this applies with equal force to other mechanisms. Clinically we know that the reaction formations and displacements of obsessional neurosis are much more refractory to interpretation. And the products of projection and introjection exhibit a resistance to interpretation which is almost equal to that of a well-established sublimation. It would seem that we must credit therapeutic effect in such instances not solely to interpretation but to interpretation in combination with other factors. The humane relation in the transference and the tolerance of the analyst towards instinct derivatives in the first place encourages the freer use of primitive mechanisms, allows a dosed rather than an undosed or uncontrolled abreaction of affect and then, through freer expression of affect, counteracts repression and projection. Naturally we cannot divide these processes too sharply. They are interrelated. Instead of a vicious circle, we have a benign progression. In contradistinction to suggestion, there is no factor of instinct-inhibition present.

This situation could, of course, be described in a number of ways. It could be expressed first of all in terms *ego-structure*, laying emphasis on the modification of the super-ego by means of fresh introjections on the part of the patient. Modification of the super-ego has long been regarded as a standard factor in therapeutic success. In recent years this has come to include modification of earlier and more archaic processes of introjection and the point has now been reached where—as indicated by Mr. Strachey—the dosed introjection of good objects is regarded as one of the most important factors in the therapeutic process. I cannot help feeling that this tendency has been exaggerated as the result of a preference for ego terminology and a bias in favour of ' deep ' interpretations. It is thus a one-sided ' topographic ' view of the process. In any case it should be added that the combination of two factors (*a*) interpretation and (*b*) the transference factors, permits a freer expression in consciousness of instinct energies which in turn and in consequence can be more freely sublimated or displaced and so again relieve mental tension.

It is clear that the therapeutic situation must be described also in terms of *affect and instinct*. We can say that the combination of interpretation and transference security encourages a temporary defusion of earlier and pathogenic fusions of instinct and permits gradually a fresh fusion. Fresh fusions are more easily displaced and lead therefore

to more adequate adaptations. Without this defusion and refusion, the alterations necessary for cure of obsessional neuroses and early psychoses cannot be brought about. They may take place in mild hysterias but so far as I know in no other psychopathological state. I need hardly add that the quantities of energy concerned in such movements, compared with the quantities present in the total psyche, are quite *marginal.* Yet these marginal changes are sufficient to produce very considerable effect. It is difficult to over-estimate the amount of work performed by various mechanisms when they are not interfered with by affects of anxiety and guilt. It is supposed to be heterodox to suggest that many rapid therapeutic successes are due to the increased efficiency of repression or to wider displacements or to fractional projections taking place after marginal alleviation of anxiety. But I don't think it is really a question of orthodoxy or heterodoxy. It is a question of fact. Mechanisms are not in themselves pathogenic—the instinct quantities with which they have to deal may be. I ought to add here that in addition to the freeing of libido and its use for better displacement, sublimation and adaptation, the freeing of aggressive energies can be used for better *organization of the Id* and more accurate ventilation in the external world in the form of adapted activities. What the archaic super-ego loses the Id gains, the preconscious Ego gains and—this is by no means to be despised—the Object gains.

The third line of approach to this subject lies in a study of the effect of *instinct movements* in particular those concerned with regression. We know that regression is a normal process which all persons exploit at least every hour of the waking day. We know on the other hand that regressions lead to the most severe pathological states. It is easy to assume therefore that *beneficial* effects can be produced in the process of *transference regressions.* Exactly how this comes about is difficult to say. Our answers so far are very unsatisfactory. We can say, for example, that the regression takes place in the presence of a better composite family figure, to wit, the analyst who *endures* the patient's projections and is therefore in course of time (a longer or shorter time according to the case) introjected. But that whilst correct enough is rather a self-satisfied explanation on the part of the analyst and depends a little on his enthusiasm for his own interpretations. We cannot answer this question because we really know very little of the mind of the child during the first eighteen months or two years. The clinical observations brought forward by Bychowski as to the

nature of regressions in hypoglycæmic states seem to me to be capable of explanation in terms of a regression which become therapeutic because of the presence of a better and more reassuring object—the physician or analyst, who refrains from copying the behaviour of his patient. This would suggest that in the deeper pathological states, a prerequisite of the efficiency of interpretation is the *attitude*, the true unconscious attitude of the analyst to his patients. As a rule, analysts are afraid to discuss this matter lest they should lay themselves open to the charge of hinting that deep down at the core of the analytic relation—a factor of reassurance through rapport may be decisive. This fear is surely groundless—there is no need now to be afraid of charges of suggestion through interpretation. This has nothing to do with the fundamental psychic relations between all human subjects and objects. It is obvious that many people cure themselves through their unconscious human contacts. What this deepest relation is we cannot say because we do not know. It is no doubt plausible that rapport depends on the nature of early introjective and projective processes in patient and analyst respectively, but this explanation, if accurate, would not diminish the therapeutic significance of states of primitive rapport in any one analysis.

Considerations of this sort indicate how necessary it is to examine anew the factor of ' working through ' (*durcharbeiten*) of which much less has been heard in recent years. According to Freud this process dealt with the resistance of the Id and occurred irrespective of immediate interpretation. The slowness of the process is an indication that the determining factors must also operate very gradually. These factors are (*a*) gradual psychic reassurance, (*b*) gradual new introjections, (*c*) fractional projections given assent to by the ego,[4] (*e*) gradual widening of the range of displacements leading to slow and new adaptations—in short, a gradual progression rather than continued regression of fusions of libido and aggressive impulses. In many *endlose Analysen* of which we hear more and more nowadays, it is an open question to which of these factors the ultimate result is due.[5] I think the decision on this point should solve the old problem of when to terminate an analysis. The danger of the long analysis is

[4] I have never been able to see why a wider distribution of projective processes should not have as beneficial an effect as the correction of archaic introjections. There is an unwarranted tendency to disapprove of projection as if it were a bugaboo rather than a mental mechanism.

[5] It is clear that very little discrimination is exercised in the assessment

largely that we gamble on unconscious adaptation rather than analytic procedures, and although the patient cannot complain of this slow ameliorative process the improvement itself is difficult to assess in specific terms.

For these among many reasons, I feel that a symposium on the Theory of Therapeutic Results should not be limited to a discussion of alleged specific factors in the analytic process. It must take into account and assess the value of all factors in the analytic situation, otherwise it becomes mere special pleading. Convincing proof of the multiplicity of factors operative in therapeutic results is contained in the results of a Questionnaire sent a few years ago to all English practising analysts. It is of course, taken for granted that there are good and bad analysts, experienced and inexperienced analysts ; it is also well known that an analyst who is poorly orientated theoretically, can still be a good therapeutic analyst. But here in England we discovered that a number of orientated and practising analysts holding to the fundamental principles of psychoanalysis varied in their methods in every imaginable way, method of interpretation, depth, frequency, type, length of analysis and so on. Yet so far as I can ascertain the results obtained by these various methods appear to be much the same. No doubt this generalization allows too ample a margin for error in estimating results. Indeed, it appears to me that before holding this symposium on the nature of results, we ought to have held a preliminary session on the actual analysis of results. I believe that it would be worth while if all Branch Societies were to prepare for a fresh discussion by sending out similar Questionnaires. When we have ascertained as exactly as possible the methods used and the actual results obtained, we can proceed with more confidence to a restatement of the theory of results.[6]

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of analytic results. A prolonged analysis which comes to include the whole period of the climacteric can scarcely be regarded as comparable with an analysis of equal duration in the early twenties. The therapeutic effect of the climacteric cannot be discounted.

[6] Although I have not attempted to give a list of references to standard works on the subject, use has been made of some views recently expressed by Dr. Melitta Schmideberg on the analysis of projection mechanisms, on the importance of instruct-refusion, on the rôle of reassurance.

II

OTTO FENICHEL

PRAGUE

In a short contribution to a discussion the utmost that one can do is to set out one's main thesis schematically.

A neurosis is a discharge of dammed-up instinctual energies, occurring in defiance of the wishes of the ego. In the cases which concern us, namely, the psycho-neuroses, this damming-up has come about through the ego's constant warding-off of the instincts. Since it is only the ego which is accessible to our therapeutic intervention, there are, in principle, two modes of attack. We may try to strengthen the ego with a view to enabling it to put up a more successful defence against the instincts. Or we may induce it to desist from its defence or to replace that defence by one better adapted to the purpose. I need not enlarge on the fact that the first method may sometimes be adopted in the course of a psycho-analytical treatment, but that, fundamentally, analytical therapy employs the second. Two questions arise. First, by what means can we influence the ego to desist from or to modify its defence against the instincts ? Secondly, how are we to explain dynamically and economically the changes which take place when the defence has been thus discontinued or modified ?

The ego's ill-adapted defence against the instincts is at bottom always prompted by its conviction that instinctual excitation is dangerous and its dread of the unpleasure which might result if it yielded to its impulses. Whether this danger threatens from the external world or has already been introjected is in principle a matter of secondary importance. Thus Freud, in *Inhibitions, Symptoms and Anxiety*, says that the fundamental characteristic of neurosis is the retention of anxiety-contents beyond the period at which they are physiologically appropriate. The retaining of a belief in a danger which has no objective existence is, however, itself the result of an instinctual defence set up in childhood under the influence of that anxiety. The instinctual components which have been repelled have become unconscious, and with them the anxiety which prompted the defence ; and this anxiety has lost its connection with the personality as a whole. The anxiety does not share in the development of the rest of the ego nor is it corrected by subsequent experience.

By means of the anti-cathexes of the ego certain mental contents

are withheld from consciousness and kept apart from the whole personality, some of these contents being instinctual components and others the ego's unconscious anxiety-ideas. It is our task to restore these to the conscious ego and to render the anti-cathexes inoperative.

What makes this possible is the fact that the instinctual components which are warded-off produce derivatives. If we follow the fundamental rule of psycho-analysis and exclude as far as possible the purposive ideas of the ego, these derivatives, which are always to be observed in the impulses of human beings, become still clearer. Every interpretation, whether it be that of a resistance or of an id-impulse, consists of demonstrating the nature of a derivative as such to that part of the ego which exercises the faculty of judgement. It is no interpretation simply to name unconscious components before they are represented by a preconscious derivative which the patient can recognize as such by merely turning his attention to it. In my paper ' Zur Theorie der Technik ' [1] I showed that, when we demonstrate to a patient the fact that he is setting up a defence, what its nature is and why, how, and against what he is employing it, we are really training his ego to tolerate instinctual derivatives, which are being made less and less distorted. Sterba, speaking of what is in practice the most useful kind of interpretation, namely, interpretation of the transference-resistance, shows that this takes place through a kind of dissociation of the ego into a part which judges reasonably and a part which experiences, the former recognizing that the latter is not appropriate to the real situation but is a legacy from the past. The result is a relative diminution in anxiety, and this assists in the production of fresh and less distorted derivatives. (It would be interesting to inquire how this ' ego-dissociation ' and ' self-observation ', which we welcome, differ from pathological dissociation and self-observation, the aim of which is to keep certain mental contents in isolation and which actually prevent the production of derivatives.) To bring about this result we make use of the positive transference and of transitory identifications with the analyst. Certain fundamental rules of technique, such as that ' analysis always starts from the surface presented at the moment ' or ' interpretation of resistance precedes interpretation of mental contents ', and so forth, follow of themselves. I may therefore be excused from touching here, where I must confine myself to my main theme, upon such important questions as ' interpretation of resistance

[1] *Internationale Zeitschrift für Psychoanalyse*, Bd. XXI, 1935.

and interpretation of psychic contents ', and ' analysis of the ego and analysis of the id '.

In the same way, unconscious resistances are put out of action by demonstrating their conscious derivatives and manifestations to the patient ; and, if we seize the right moment to name the id-impulses which he has warded-off and of which ' the ego, grown more tolerant, has already become aware ', we shall put a stop to its defensive activities. The ' analytical atmosphere ', which convinces the patient that he has nothing to fear from toleration of impulses which he generally repels, seems to be not only an indispensable condition for every transference-interpretation—(for, if the analyst were in any way to join the patient in acting out the situation, it would be impossible to demonstrate the fact that the patient's emotions were determined by situations in the past)—but, further, a valuable means of persuading the ego to admit tentatively impulses which it normally repels. Kaiser fears that this may lead to the analysis being isolated from real life, because the patient feels that here he is only playing with his impulses, whereas, in life, where they are serious, it is his duty to go on putting up a defence against them. His fear, I think, is justified in some cases (and where this is so this resistance must be analysed) ; but that is not an adequate reason for throwing overboard the advantages of the atmosphere of ' tolerance '. A technique which employs ' action ' makes it difficult to confront the ego with its unconscious impulses, and, although it often reveals so much, I think this method is dangerous because it represents only the present and the patient cannot become conscious that he is governed by the past. It is, *au fond*, analogous to the equally dangerous opposite method of analysis, the ' theoretical ' method, which deals with the past without observing that it is still present.

Freud has said that in analysis we employ every means of suggestion to persuade the ego to desist from the manufacture of defences. In practice this is certainly still true and the utilization of the transference in this sense is nothing but suggestion. It must, however, be said that the effect which we desire to produce upon the ego will be lasting and profound in proportion as we succeed in using no other means of overcoming resistances than that of confronting the reasonable ego with the fact of his resistances and the history of their origin. This enables him to recognize the unconscious element in them and at the same time renders them superfluous. We find too, of course, that in a transitory manner ' the analyst insinuates himself into the patient's

super-ego '. (This is what takes place in hypnosis and Strachey holds that it is also characteristic of analytic therapy.) Temporarily, also, we find all the ' effects of inexact interpretation ' which Glover has investigated. By this I mean that, as the patient gradually abandons his neurotic modes of discharging instinctual energy, he may succeed in finding substitutes for them in transference-actions or in some other phenomena which the treatment has made possible.

If we succeed thus in putting an end to the pathogenic defensive activities of the ego, what is the result ? Neurotics are people who in their unconscious instinctual life have either remained on an infantile level or have regressed to it—people, that is to say, whose sexuality (or aggressiveness) has retained infantile forms. Theoretically therefore we may anticipate that this therapy would result in perversions. Anna Freud holds that with children analytical influence must be combined with educational training ; that otherwise, for instance, when the repression against anal erotism is lifted, the child may take to smearing objects with fæces. She thinks too that in the case of some adults, whose defences are motivated by the fear of the amount of their own instinctual energy, the removal of those defences may result in the instinctual energy breaking out and overwhelming the whole ego. In my opinion practical experience shows that there is no such danger. Moreover, the instinctual components which have been warded-off have only retained their infantile character *because* they have been warded-off, and have lost connection with the whole personality, which meanwhile has gone on developing. If the energy which was bound in the defensive conflict is readmitted to the whole personality, it will find its proper place there and adapt itself to the genital primacy which has been established. Pregenital sexuality, when it ceases to be bound in the defensive conflict, is by that very fact transformed into genital sexuality with the capacity for orgasm. The experiences of gratification which now become possible are those that contribute most of all to the final removal of the pathogenic damming-up of instinctual energy. Isolated ' abreactions ' cannot accomplish this ; they give momentary relief, but they do not bring the defensive conflict to an end nor do they liberate the libido which it binds. The therapeutic importance of ' abreaction ' and of ' the fizzling-out of repressed instinctual excitation on entering consciousness ' is relatively little as compared with the achievement of a well-ordered sexual economy. This is why we rate the curative value of single outbreaks of affect comparatively low, however welcome they may be in some analytic

situations, while we think very highly of the process of 'working-through' which follows. This process, which Rado compares to the work of mourning, means that an unconscious impulse, once recognized, must be demonstrated over and over again, every time that it makes its appearance in one of its manifold forms and connections. Thus, and thus only, can the pathogenic defence against instinct be really abolished. Other modes of discharge, which were previously impossible for the patient, of course become possible when his defence is abandoned. I refer to sublimations. There is no doubt that the latter play a lesser part quantitatively in setting to rights the sexual processes of a personality which has been neurotic than does appropriate sexual gratification.

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I propose to employ the few minutes which remain to me in making certain observations on the contributions to our Symposium which have so far been read.

Bergler seems to me principally to have brought out particular *ways* in which the patient's ego can be trained to tolerate more readily the derivatives of impulses which it has repelled. There can be no doubt that analysis represents a refutation of the magical equation 'thought = act'. Certainly, too, it does happen that some patients feel analysis to be a 'sexual secret which yet has no harm in it'. This does not simply assist the analysis, but it is also a special resistance which must be uncovered as such and got rid of. The notion that, as analysis proceeds, less demon and more super-ego is progressively projected on to the analyst stands or falls with the demon-ego-ideal theory, which I cannot discuss here. But to my mind the most doubtful of Bergler's points was his argument about 'the unconscious sense of guilt as the *vis a tergo*'. He states that the super-ego becomes more tolerant on the basis of a renunciation of infantile sexuality. But how difficult is it for a patient who has been cured to make this renunciation? When genital primacy has been established the infantile sexual impulses as such can simply disappear. Again, I think that patients can be cured by psycho-analysis and become really well without cherishing any resentment.

With Bibring's views I am largely in accordance, but I should like to express one or two slight doubts in connection with three of his points.

(1) It seems to me already perfectly possible to formulate a theory of our therapy. Bibring himself has put one forward. There are many

gaps in the details of our knowledge and we have not yet found the solution of problems arising precisely out of the theory we hold to-day, but the theory itself is there.

(2) It must not be supposed that fixation through frustration is always *only* a fixation of the ego. The ego, which fears a repetition of the frustration, in the process of defending itself holds down the id, the instinct, to some particular level.

(3) The ' pedagogic ' importance of the fact that the analyst supports the patient's reason against his archaic ego is, I think, slight, though in some cases we have to make great use of it. For we always work with the ' normal remainder of the personality '. It must be our ally against resistance and, in spite of our utilization of the transference, without it we shall not succeed.

I am unable to assent to Nunberg's remarks about the repetition-compulsion, because my conception of it differs from his. That there is such a compulsion on *this* side of the pleasure-principle is, I think, indisputable. *Beyond* the pleasure-principle what happens seems to be that quantities of undischarged, dammed-up excitation seek to be mastered retrospectively. The unpleasurable repetition of an unpleasurable experience is at any rate less unpleasurable than having to tolerate unresolved tensions. In principle—though in practice we may not always really succeed in this—a genuine breaking-down of the defence should involve the overcoming of the repetition-compulsion. If I can induce a patient to exchange autoplastic for alloplastic modes of behaviour and enable him to react suitably to reality, this surely means that the repetition-compulsion is abolished, not merely transferred from the id to the ego. The old formula ' We cure by making the unconscious conscious ' is *topographically* conceived and there is a danger that in our technique we may do too scant justice to the *dynamic* and *economic* standpoints. In my view it is not simply the function of reality-testing that depends on the super-ego : *all* the ego-functions are accessible to the super-ego's influence.

I am largely in agreement with Strachey ; but I think he uses the concept of ' introjection ' in a wider sense than is legitimate. When I recognize that what someone says is right it does not necessarily mean that I have introjected him.

III

JAMES STRACHEY

LONDON

I should like to begin at once by trying to narrow the field and concentrate our attention upon the essential subject of our discussion: What is the character of the therapeutic results of psycho-analysis? and how are those results brought about? Now we all know that there are psycho-therapists who employ technical procedures quite different from psycho-analysis—methods such as suggestion or re-assurance or abreaction—and we believe that the results brought about by such methods are also quite different from those brought about by psycho-analysis. These methods of treatment are naturally ruled out of our discussion to-day. But I want for the moment to rule out more than this. It seems highly probable that in the course of the many months or years of an analysis some, or perhaps all, of these other procedures I have just referred to—suggestion, re-assurance, abreaction—will play some part in the complex relation between analyst and patient. Nevertheless, I propose for the moment to assume that these procedures occur in an analysis only as non-essential incidents, though, as regards one at least of these procedures, a qualification will soon be necessary. I shall accordingly leave them on one side and turn immediately to those attributes of psycho-analysis which are both characteristic and unique.

First of all, then, as regards the character of its results. What distinguishes them from those produced by other methods seems to be depth and permanence. In so far as changes are produced by analysis, they seem in some sense or other to be *real* changes in the patient's mental functioning. The nature of these changes can be better understood if we look at them more closely. A neurotic illness may be regarded as the product of an interference with the individual's normal process of growth. Then, if the interference is removed, the normal process of growth will be resumed. In other words, analysis enables the half-childish, half-dwarfed mind of the neurotic to grow towards adult stature. Or we may state the same point in still greater detail. It seems as though, when the individual reaches the complete genital level of libidinal development, the destructiveness of his id-impulses diminishes, his super-ego becomes correspondingly milder and the relations between his super-ego and his ego reach a tolerable

equilibrium. The neurotic's libidinal development is held up at some earlier stage, so that there is constant disharmony between the three parts of his mind. It may be possible to *mitigate* such a situation in various ways. But a *real* improvement will only occur if the hold-up in the patient's libidinal development can be removed. For, if this is done, he will continue to develop towards the genital level, at which his whole tendency to internal conflict will be automatically diminished. An improvement of this kind will from its very nature be permanent, and it is at an improvement of this kind that psycho-analysis aims.

By what methods does it hope to bring about this result? Theoretically, it would seem possible for it to work along two lines: on the one hand, it could aim at making the super-ego more tolerant, and on the other hand, it could aim at making the id more tolerable. In actual practice, however, direct attempts at modifying the id seem to have very little prospect of success, and in fact psycho-analysis is chiefly concerned with modifying the super-ego. (This corresponds, of course, with the long-established view that psycho-analysis is essentially an analysis of *resistances*.)

We are thus led, in my view, to a fresh formulation of our original question: What are the means by which the psycho-analyst brings about a permanent modification of his patient's super-ego?

I must at once draw attention to the importance of the word 'permanent' in this formulation. It seems likely that some of the other psycho-therapeutic procedures that I have mentioned—and in particular the method of suggestion—are in certain cases able to produce a *temporary* modification of the patient's super-ego, but never a permanent one. No sooner has the direct influence of the practitioner been withdrawn than the patient's super-ego returns to its original state. Nevertheless we may perhaps ask whether this *temporary* modification of the super-ego may not serve perhaps as a step towards that *permanent* modification which is the aim of psycho-analysis. And this seems in a certain sense to be the case. For, in fact, the temporary modification of the patient's super-ego in the shape of suggestion seems to play an important part in the work of analysis, though only in one particular and strictly defined set of conditions. Suggestion is used, that is to say, in order to induce the patient to accept the analyst's interpretations. Or, to put it more precisely, the patient's super-ego is made temporarily more tolerant so that he may become conscious of some portion of his own id-impulses which is habitually debarred from consciousness.

It may be questioned, however, whether all this takes us any nearer to answering our main question. In the first place, there is still nothing to suggest how the super-ego's *temporary* tolerance is going to be made *permanent*. And, in the next place, our discussion has so far thrown no light whatever upon the way in which even this *temporary* modification of the super-ego is effected.

Our understanding of these problems (and consequently of the main question behind them) will, I believe, be improved if we turn our attention to two closely inter-related topics, one clinical, the other theoretical. What I have in mind is on the one hand the observed fact of the peculiar importance of transference-interpretations, and on the other the hypothesis as to the part played in the transference-relation by processes of projection and introjection.

The necessity for interpreting the transference to the patient was, of course, one of Freud's very earliest technical discoveries, and, ever since, a correct handling of the transference and its adequate interpretation have been perhaps the chief criteria of analytic capacity. Nevertheless, I am not certain that the whole importance of transference-interpretation is even yet everywhere realized, or the whole peculiarity of the dynamic processes involved in it. And here I should like to explain that I am using the phrase in a restricted sense. It would be possible to interpret a patient's transference at great length without ever giving him a transference-interpretation of the sort I have in mind. For the prime essential of a transference-interpretation in my view is that the feeling or impulse interpreted should not merely be concerned with the analyst but that it should be in activity at the moment at which it is interpreted. Thus an interpretation of an impulse felt towards the analyst last week or even a quarter of an hour ago will not be a transference-interpretation in my sense unless it is still active in the patient at the moment when the interpretation is given. The situation will be, so to speak, a dead one and will be entirely without the dynamic force which is inherent in the giving of a true transference-interpretation.

The vital importance of transference-interpretation is, as I have said, a matter of empirical observation. It has a negative and a positive aspect: that is to say, transference-interpretation is the main safeguard against dangers that threaten to interrupt an analysis and is also the main motive-force for carrying an analysis through. The first aspect is most blatantly obvious in the hysterias, where, unless transference-interpretations are steadily made, there is a perpetual

risk that sudden outbursts of anxiety may break off the analysis; and the second aspect is most evident in obsessional neurosis, where no progress whatever seems to occur except as a result of transference-interpretations. But these are only the most striking examples: for the importance of transference-interpretation can, I think, be observed in every single analysis.

What gives it this importance? I have in another place [1] put forward at some length a possible explanation of the nature of interpretation in general. I have suggested that it is a procedure which enables the patient, under controlled conditions and in limited doses, to employ his sense of reality for the purpose of making a comparison between his archaic and imaginary objects and his actual and real ones; and I have argued that the small-scale correction which he can thus make in his attitude towards the *external* world is the first step towards the *internal* re-adjustment which is our ultimate aim. If this is a true account, it seems to follow that a transference-interpretation is more likely to bring about the desired result than any other sort of interpretation. For on the one hand the instinctual impulse interpreted will, by definition, be one that is in activity at the moment at which the interpretation is given, and on the other hand the object of that instinctual impulse will, equally by definition, be actually present. Thus the comparison will be made easier by the immediate presence of one of the objects to be compared and the correction when it is made will be the re-adjustment of a living process at the moment of its occurrence and not the mere revision of a past historical event.

But there is a second reason for preferring transference to non-transference-interpretations, which can best be explained by an example. Let us suppose that the analyst gives a woman patient an interpretation to the effect that on some occasion she had a wish that her husband should die. Now the effect that (according to our theory of interpretation) should be produced here is that the patient, by being made conscious of this particular id-impulse, will be in a position to discriminate between her actual object (her husband) and her archaic phantasy object (a father-imago, perhaps) and will thus be able to make a correction in her attitude to external reality and ultimately to make an internal re-adjustment. But what *actually* happens is something quite different. When the interpretation is given, the whole

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[1] 'The Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934.

conflict is transferred from the situation which the analyst is talking about to another situation which he is *not* talking about. The patient may, it is true, agree that she wished her husband to die, but her emotional interests have automatically passed over to another problem —this time about the analyst and his interpretation. She is now filled with conflicting feelings about *him*—anger, fear, suspicion, gratitude, and many more. And the whole of this new conflict is for the time being out of the analyst's sight and reach. Giving non-transference-interpretations is, in fact, like trying to untie a knot in an endless ring of rope. You can untie the knot quite easily in one place, but it will re-tie itself at the very same moment in some other part of the ring. You cannot *really* untie the knot unless you have hold of the ends of the rope, and that is your situation only when you make a transference-interpretation.

But there is a third peculiarity which distinguishes transference from non-transference-interpretations, and I believe that this third distinction is perhaps the most important of all and may even provide us with a clue to the solution of our main problem—the problem of how it is that the analyst is able to produce a permanent modification in the patient's super-ego. This third distinction is the fact that in the case of transference-interpretation the person who gives the interpretation is at the same time the person who is the object of the id-impulse which is being interpreted.

In order to bring out the full implications of this fact, I must touch very briefly upon the part played in super-ego formation by the processes of introjection and projection. The view has been put forward by Melanie Klein that at every stage of the individual's development the character of his super-ego is very largely determined by the character of his object-relations. So long as his relations to his object are of an extremely primitive type, his super-ego (or, as it may be called in this connection, his introjected object) will function in an extremely primitive fashion. And when, in the course of his libidinal development, his relations to his object begin to lose something of their sadism and ambivalence, so too his super-ego will become more tolerant and kindly. But there is a further process involved; for the character of the individual's super-ego (or internal object) will in turn affect his view of his external objects. Thus, so long as his *internal* objects are behaving in a primitive way, he will tend to regard his *external* objects as primitive beings, whether in a good or a bad sense, and it will only be when he reaches an adult stage of development

that his objects will cease to be devils or angels and will take on the characteristics of reality. Now, as we have already seen, the neurotic is held up in his libidinal development, and accordingly both his super-ego and his external objects retain their archaic nature. There is nothing in his contact with people in ordinary life that can alter this state of things. His object-relations will continue to be primitive, and he will continue to introject primitive objects and to project them again on to the external world. Nor will the situation be fundamentally changed if he comes to a psycho-therapist who treats him by suggestion or re-assurance. For a psycho-therapist of this kind may lay himself out to be kind to the patient's ego and may thus hope to be introjected by the patient as a benevolent super-ego; but he will be behaving as a good object of an archaic and phantastic type and as such he will in fact be introjected. He will thus produce no real qualitative change in the patient's super-ego and will be in constant danger of falling a victim to primitive ambivalence or of being felt as offering libidinal gratification rather than comfort and advice and so of being treated as a part of the patient's id rather than of his super-ego.

In psycho-analysis, however, the position is very different. It is true that the analyst, too, offers himself to his patient as an object and hopes to be introjected by him as a super-ego. But his one endeavour from the very beginning is to differentiate himself from the patient's archaic objects and to contrive, as far as he possibly can, that the patient shall introject him not as one more archaic imago added to the rest of the primitive super-ego, but as the nucleus of a separate and new super-ego. And he hopes that in the course of the analysis this new super-ego will gradually extend and infiltrate the original super-ego and replace its unadaptable rigidity by an attitude that is in closer contact with adult conditions and with external reality. He hopes, in short, that he himself will be introjected by the patient as a super-ego—introjected, however, not at a single gulp and as an archaic object, whether bad or good, but little by little and as a real person.

It is not difficult to conjecture that these piecemeal introjections of the analyst occur at the moments of the carrying through of transference-interpretations. For at those moments, which are unique in the patient's experience, the object of his unconscious impulses simultaneously reveals himself as being clearly aware of their nature and as feeling on their account neither anxiety nor anger. Thus the object which he introjects at those moments will have a unique

quality, which will effectually prevent its undifferentiated absorption into his original super-ego and will on the contrary imply a step towards a permanent modification in his mental structure.

My main conclusions, therefore, are twofold. In the first place, it seems to me that the immediate determinants of the therapeutic results of psycho-analysis are to be found in the procedures of interpretation and more particularly of transference-interpretation. And, in the second place, it seems to me that it will only be possible to understand the results of those procedures and how those procedures are put into operation if we pay sufficient attention to the mechanisms of introjection and projection.

IV

EDMUND BERGLER

VIENNA

It is a matter of everyday experience in psycho-analysis that our theoretical knowledge lags in many respects behind our therapeutic results, and this in spite of the fact that the converse is often the case, our theoretical knowledge being frequently far in advance of our therapeutic skill. We have evidence of the discrepancy between our theoretical understanding of therapeutic results and the results themselves, not only in the transitory improvements which take place in our patients' condition during treatment, but, most markedly of all, in a peculiar situation which often arises in the final stages of a successful analysis, when we cannot say what has brought about the improvement or cure, although it is indisputable that a change has taken place in the direction of health. Thus the analyst finds himself forced into a rather ridiculous rôle and his narcissism is mortified. This is probably why this particular problem has been exhaustively discussed by different writers—there are no fewer than eleven publications on the subject—for it is not everyone who can be content, when he has produced a result inexplicable to himself, to remain lost in self-admiration, accepting this as a substitute for understanding.

Without exception all the main elements of the analytical theory of therapy are derived from the teaching of Freud. They centre in the following notions—the bringing into consciousness of the unconscious processes of the id and super-ego by means of interpretation, combined with the *simultaneous* steady working-out of the unconscious resistances of the ego, its defence-processes and mechanisms. Further, as you know, Freud's scheme of the theory of analytic therapy includes the affective re-experiencing of the infantile situation in the transference and the process of working-through. Freud ascribes special importance to the ego-resistances, as we see from the fact that of the five forms of resistance enumerated by him in *Inhibitions, Symptoms and Anxiety*, three are related to the ego (repression-resistance, transference-resistance, resistance to the renunciation of the gain through illness). In a recently published book, Anna Freud [1] lays special emphasis on the fact that the analyst's interest must be

[1] *Das Ich und die Abwehrmechanismen*, 1936.

constantly focussed on two separate sets of phenomena, the id-processes and the ego-processes, and she asserts that this ' two-fold focalization of interest ' is an indispensable characteristic of psycho-analysis.

Within the framework of Freud's scheme there is room for certain further observations on points of detail. I agree with Nunberg when, in his paper entitled ' Probleme der Therapie ',[2] he defines the aim of psycho-analytic treatment as follows : ' The energies of the id become more mobile, the super-ego becomes more tolerant, the ego is rendered freer from anxiety and its synthetic function established.' The question is how these changes take place and above all by what means the ego is strengthened ? For the ultimate goal upon which our eyes are fixed is that ' where id was, there shall ego be '. In my contribution to our Symposium I propose to deal with five detailed observations, all of which centre in the problem : how does the ego become freer from anxiety ? For I take it that to bring about a change in the ego is the cardinal problem of psycho-analytic therapy from beginning to end. It is by no means my intention to contradict anything that has been said so far in elucidation of this problem : I merely hope to contribute something further.

I. Destruction of the Process of Magical Thinking owing to the Non-realization of the Patient's Fear that the Unconscious Wishes revealed in Analysis may make Him a Polymorphous Pervert.

Freud has shown that neurotics are completely in the toils of magical thinking. In the present state of our knowledge I think it superfluous to exemplify this. We know above all how important in analysis is the phenomenon of the *omnipotence of thoughts*. I believe that one of the many reasons why some analyses cannot be carried through successfully is that we are not able to induce the patient to give up the pleasure-mechanism which underlies the idea of the omnipotence of thoughts and which is concerned with the gratification of his infantile delusions of grandeur.[3]

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[2] *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

[3] Cf. my papers, ' The Psycho-Analysis of the Uncanny ', this Journal, Vol. XV, 1934 ; ' Bemerkungen über eine Zwangsneurose *in ultimis* ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XXII, 1936 ; ' Zur Psychologie des Hasardspielers ', *Imago*, Bd. XXII, 1936.

It happens regularly in analysis that when an unconscious wish is brought into consciousness—probably by the physician's interpretation—the patient is seized with a fear that he may translate the wish into actual behaviour. It is, for instance, absolutely impossible to interpret to a patient of the passive-feminine type his unconscious homosexual wishes without his experiencing anxiety lest he should become homosexual. Now in reality nothing of the sort happens, and this is the strongest argument against the equation ' thought = act ', to which the unconscious part of the ego holds so tenaciously. The fact that the unconscious homosexual does not become homosexual in practice, that the man who struggles unconsciously with murderous thoughts does not turn into a murderer or the lady with unconscious prostitution-phantasies into a prostitute, but that ultimately whatever is useless can be rejected, while whatever is feasible can be incorporated into the structure of normal sexuality—in short that ' where id was, there ego now is '—all this constitutes the most convincing refutation of the magical fallacy in which wish and act are one and the same. To put it another way: in spite of the most vehement incredulity on the patient's part, the daily facts of his experience show that unconscious wishes are relatively innocuous when once they are withdrawn from the sway of the much discussed ' secret alliance between the id and the super-ego ' (Alexander). This incredulity of the anxious patient, who in certain resistance-situations really believes that analysis will turn him into a polymorphous pervert, will not yield to reassurances but only to experience, and this is provided for him in his analysis. This experience is indisputable, it has an enormously strengthening effect upon the ego, and I believe it to be a most valuable therapeutic agent.

II. Participation in Sexual Activity as a ' Proof ' of the Reality of a Sanctioning Super-ego

In a paper entitled ' Mitteilungsdrang und Geständniszwang ',[4] D. Burlingham suggests that the ' urge to communicate ' indicates not only an exhibitionistic tendency but an invitation to the other person to participate in obtaining joint sexual pleasure. In this connection Anna Freud has expressed herself as follows: ' This notion helps to explain why the reformed method of bringing up children by permitting them to indulge their impulses differs in no way in its results, i.e. its failures, from the orthodox method, according to

[4] *Imago*, Bd. XX, 1934.

which such indulgence was prohibited. For the accent does not fall on the sanction or tolerance of adults but rather on the child's demand and expectation that they should participate with him in obtaining sexual pleasure. Thus, for instance, in the case of onanism, tolerance, no matter how far it be carried, " cuts no ice ", for the child deduces from the fact that the grown-ups do not participate in his sexual activity that they really discountenance it.'[5]

We see then that there is only one thing which a child accepts as proving beyond doubt that he is free to indulge in sexual activities, and that is—not the verbal permission of adults but their active participation, which is, of course, an impossible condition.

This statement of Anna Freud's may, I think, throw some further light on the way in which psycho-analysis works. I propose to discuss the question of how the analyst succeeds in convincing the patient that he does not stand for some institution which metes out archaic punishments. It is this conviction which finally modifies the patient's ego-ideal.

At the beginning of an analysis, the unconscious attitude towards the analyst of all patients without exception is at bottom a combination of anxiety and the desire to be loved, although the anxiety may be disguised as criticism, scepticism, indifference, arrogance, irony or contempt, etc. Indeed the analysis begins to move only when at least one part of the patient's ego has realized that the analyst has no intention of punishing him but is adopting a position of benevolent neutrality towards him. Nunberg is right when he speaks of the analyst as ' a protection against anxiety ' and says explicitly :

' Since, moreover, the physician's attitude towards the repressed instinctual elements is one of goodwill, the patient's ego abandons its repression-resistances one after the other. For he feels that he has entered into an alliance with the analyst and that he is in harmony with him and under his protection, and so he himself need no longer dread situations of danger which, moreover, have long since ceased to be actual.' [6]

The patient feels that he is being protected and so he ventures to co-operate with the analyst. Nunberg points out two reasons for this :

' I have shown that it is not only *affection* for the analyst which induces the patient to take an active interest in his own internal

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[5] Quoted in Jekels and Bergler, ' Uebertragung und Liebe ', *Imago*, Bd. XX, 1934, S. 28–29.

[6] *Allgemeine Neurosenlehre*, S. 301.

processes, i.e. the experiences made up of his recollections: he has, besides, a feeling that the analyst is protecting him '.

I gather from a paper by James Strachey, entitled ' The Nature of the Therapeutic Action of Psycho-Analysis ',[7] that the same problem is engaging the attention of our English colleagues. Unfortunately I have been able to see only fragments of these discussions. The need for a central bulletin for the publication of detailed abstracts from a non-controversial standpoint becomes increasingly pressing.

Now the evidence which the patient has of the analyst's benevolent or permissive attitude towards sexual activity is exclusively verbal, but Anna Freud has told us that even children demand more tangible proofs. Nevertheless the analyst does succeed in time in convincing the patient. The question is: how does he do so ?

We might begin by inquiring how far Anna Freud's statement in this connection about the attitude of children is valid and whether that attitude is really universal in neurotics. But this would not take us far, because even our everyday experience teaches us that it is a sound principle to judge people by their conduct and not by their words. In their hearts all human beings without exception are mistrustful—it is a relic of unhappy experiences in childhood or else of the projection of their own aggressive impulses on to their objects, as a number of analytical writers have shown. On the other hand, it may be objected that mankind has a boundless capacity for accepting false assurances. But, if we look at the matter more closely, we see that this apparent credulity is really only a desire to find some sort of cloak for putting aggressive impulses into practice, and that this human characteristic of credulity, of which we hear so much, simply means that aggression is being indulged without any sense of guilt, because it is approved by a representative of the super-ego, this assent giving rise to impossible expectations of gratification in other directions.

In analysis our patients' credulity is from the outset at a minimum, if only because most of them come to us full of suspicion because of the general unfavourable opinion of analysis. Apart from this, there are endopsychic factors which cause them immediately to project upon the physician their super-ego with its prohibitions.[8] Thus real mistrust and the unreal projection of the stern super-ego, which takes

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[7] This JOURNAL, Vol. XV, 1934.

[8] Cf. Jekels and Bergler, ' Uebertragung und Liebe ', *Imago*, Bd. XX, 1934.

place in the transference, automatically prepare the patient to see in the analyst an institution which imposes prohibitions. I had an instance of this in one patient who called me ' Mr. Against ', although he knew consciously that in the concrete situation with which we were dealing I was rather a ' Mr. In Favour '. The point at issue was his marriage with a woman who was his social inferior and who he knew would not have met with the approval of his aristocratic father, the latter being by that time dead. Although the patient's reason told him that I approved of his marrying this thoroughly goodnatured woman, his unresolved father-transference gave him the feeling, temporarily and in spite of his own logical conviction, that I wanted him to come to grief.

In spite of these difficulties there *is* an explanation of how the physician succeeds in time in convincing the patient that he is a ' Mr. In Favour '. We must remember that we make a point of setting the unconscious part of our patient's mind at a distance from his conscious personality. We do this by accepting without question his defensive statement that he is entirely unconscious of whatever wish we happen to be interpreting and by referring to the unconscious part of his personality as the seat of such wishes. By thus setting his unconscious at a distance we create a kind of ' phantom ', and upon this we work. At the same time we must constantly beware of the patient's tendency to regard this phantom as something entirely remote from himself ; we never let him forget that ' *tua res agitur* '. Sooner or later and with various degrees of rebellion or resignation, patients come to the conclusion that there is something in them—namely, this ' phantom '—which has the wishes ascribed to them by the analyst. At the beginning, the joint work with the analyst upon this ' phantom ' may be very distressing, but in certain advanced stages of the analysis the patient finds it positively pleasurable. Superficially this is because it gratifies his narcissism to think that he is such an ' interesting ' case ; in a deeper stratum the need for love which the transference arouses is gratified, for he reasons thus : ' the analyst is interested in me, which means that he loves me.' But, if we look a little more closely, we see that patients unconsciously regard this joint work upon the phantom as a sexual activity which may be oral, anal or phallic, according to the level to which they have regressed. Here, then, is the ' evidence ' required by the patient that the analyst not only sanctions sexual activities verbally but shows his approval in act, by joining in them himself.

The conclusion that the unconscious part of the ego conceives of the joint work of physician and patient as a sexual activity strikes those who are not versed in psycho-analysis as very strange, though many analysts have probably arrived at it long ago. There are, however, a number of external factors which lend colour to it. First of all there is the injunction, regularly given by the analyst to the patient, not to talk about his analysis in the outside world. The unconscious translates this to mean : ' We two are engaged in something forbidden, i.e. sexual ; we have got a secret.' In advanced stages of the analysis many patients greet the physician like a fellow-conspirator, with the smile of people who have entered into a secret pact.

The patient's endopsychic conviction that the analyst is joining him in some form of ' sexual ' activity (an idea which is realized in their joint work on the ' phantom ') represents, as I see it, a new edition of the child's wish that those who bring him up should sanction his sexual behaviour by joining in it. As a means of gaining relief from the super-ego this conviction is a most valuable therapeutic agent.[9] At the end of the treatment the sexual character of this joint activity is sublimated by the patient. The remarkable point about the whole thing is that neither physician nor patient need have even a suspicion of what is happening, because the process is an unconscious and automatic one.

III. The Physician's Consistency Finds an Echo in the Patient's Unconscious

At the beginning of analysis our interpretations strike our patients as completely absurd and they constantly counter them with logical

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[9] It is interesting that D. Burlingham, arguing from her original and valuable hypothesis that the urge to communicate represents an invitation to the other person to participate in obtaining joint sexual pleasure, arrives at almost exactly the opposite conclusion. She does, it is true, note the fact that this urge, in that it gratifies exhibitionistic impulses, may be of positive assistance in analysis, the formula being : ' Let us look at these horrid things together '. But she holds that the patient immediately feels that he is rebuffed, ' since his invitation to the analyst to join him meets with no response '. The result is that he behaves like one who has been rejected and intensifies his repressions. This observation is doubtless right, but it applies to an early stage of the analysis. In later stages the patient consoles himself, so to speak, with the fact that he and the analyst are sharing in the work on the ' phantom '.

arguments. From the exalted pinnacles of logic and common sense, they look down upon us compassionately, ironically and sometimes actually in despair of our intelligence, uncertain whether to think of us as swindlers or at least as honest fanatics. The only thing which takes them aback is the consistency with which we defend our point of view, interpreting all their efforts at defence as obvious resistances. In my experience this consistency on the part of the analyst is the first obstacle which gives the patient pause in his own consistent incredulity: our consistency is more uniform than his ambivalent mistrust. It is a fact of experience that in life in general any assertion which is made with inner conviction, however absurd it may be, is disconcerting. The most superficial explanation is that opinions, expressed unwaveringly and with inner conviction, have the effect of a challenge to the scepticism of the hearer. Since all patients are consumed with internal ambivalence, the analyst's consistency *eo ipso* undermines their doubts. As far as the internal truth of our statements is concerned, they are quite incapable of forming a judgement at the beginning of the treatment.

But, apart from this, the analyst's consistency finds an even stronger echo in the unconscious part of the ego. An 'iron consistency' is always unconsciously equated with severity, unyieldingness and an unwillingness to make concessions. In analysis this consistency has three effects. Primarily it forms the first barrier at which the patient's incredulity is checked. Secondarily it encourages the projection of the strict super-ego ('the demon') on to the analyst; it actually presents an opportunity for making such an attachment. Thirdly—and this is the valuable point therapeutically—the analyst's consistency is unconsciously taken to signify consent: if even the strict super-ego sanctions normal sexuality, then one can believe that it really is allowed. It is superfluous to point out that the analyst must on no account attempt to substitute for the process of analysis direct permission to gratify pathological instinctual tendencies, encouraging the patient to put them into practice in the outside world. If there were no other reason, we know that pre-Œdipal and Œdipal repressed impulses cannot possibly be translated into real life, even when they have become conscious, because they are bound up with the mother- or father-imago. Taken in combination with the 'proof' of the reality of the super-ego's sanction which the patient deduces from the participation of the analyst in his activities (see the discussion in Section II), the consistency of the analyst is another therapeutic agent in

the treatment. It is in practice as if, in a rebellion against the government, its strongest supporters suddenly went over to the insurgents.

IV. The Identification-series: The Patient Passes from Identification as a Defence against Anxiety to Re-introjection

In our joint study ' Uebertragung und Liebe ' Jekels and I showed that in the transference both parts of the super-ego—the demon (' thou shalt not ') and the ego-ideal (' thou shalt ')—are projected on to the analyst. We suggested that this was the cardinal difference between transference and love, for, in the latter, only the ego-ideal is projected on to the object. I cannot at this point discuss in detail these highly controversial problems and will confine myself to saying that the endopsychic mechanism by which the super-ego works appears to be as follows. The demon (i.e. the death-elements) confronts the ego, a prey to anxiety, with a self-established ego-ideal (desexualized eros), whereupon the discrepancy between the ego and the ego-ideal produces a sense of guilt. In *The Ego and the Id* Freud advanced the hypothesis that between the two basic instincts there is a fluctuating, neutral, narcissistic energy, and that this reinforces the instinct to which it attaches itself. Applying this theory, we suggested that the ego-ideal was the seat of this neutral energy and maintained that the real objective of endopsychic conflict was to gain possession of that ideal. This is a matter of theory ; evidently in our clinical observations we see neither eros nor thanatos directly before us. We have no opportunity of examining the instincts themselves clinically, whether in isolation or in fusion : all that is actually accessible to observation is their derivatives. At intervals the ego of the normal person revolts against the ego-ideal, that instrument of torture, which has established itself by means of identifications. Originally it was created as a protection for the subject's own narcissism. Now, when the benefactor has turned tormentor, the ego in its extremity phantasies a benevolent ego-ideal and projects it on to a more or less suitable object. The ego relieves itself thereby of the sense of guilt, for it knows that it is loved by the ego-ideal, which is the product of its own projection, and to be loved constitutes the bliss of love. Thus love is a remedy for the sense of guilt. In the transference the neurotic tries to find a similar way out in his conflict with his feelings of guilt, but here the conditions are less favourable.

In psycho-analysis progress takes place in proportion as projection of the demon on to the analyst gives place to that of the ego-ideal,

which is itself resolved at the end of the treatment. From the point of view of the mode of identification which prevails at a given moment the same idea may be expressed as follows : identification as a defence against anxiety yields to re-introjection.

Let us consider this last sentence. The statement that in the transference the patient projects on to the analyst both ego-ideal and demon implies that the analyst, through the process of projection, becomes an object not only of love but still more of anxiety. In love this is never the case, for there the demon is for the time being disarmed by the projection of the phantasied benevolent ego-ideal. In the transference the patient defends himself against anxiety by identifying himself with the analyst, a mode of defence which was revealed by the researches of both schools of child-analysis. This identification as a defence against anxiety is of a peculiar type, as I pointed out some years ago. It may be described thus. The patient, who regards the analyst as a being possessed of magical powers, presents himself to him almost as a narcissistic love-object, the formula being : ' You must love me, for I am like you and you surely love yourself.' As the analysis goes on, identification as a means of defence is succeeded by re-introjection. What Jekels and I understand by this is a certain element inherent in love, which, in our view, is the result of two processes : projection on to the object of the phantasied ego-ideal and a partial re-absorption of the imago of the projected ego-ideal, i.e. its re-introjection.

Thus the patient's wish in the transference is reduced to a narcissistic desire to be loved (projection of the ego-ideal) and an attempt to ward off anxiety (defence against the projection of the demon). The four methods here enumerated all serve the purpose of defence against anxiety. If we view the problem from the standpoint of identification, defence against anxiety is seen to move from identification from motives of defence to re-introjection. In the latter process, however, the ego-ideal has already become benevolent and permissive, and thus the demon is deprived of its excessive power of aggression, which originally took the form of holding up the ego-ideal to the ego and pointing out the discrepancy between them.

V. The Unconscious Sense of Guilt as the *vis a tergo* in Analytic Therapy

In the short time at my disposal I cannot enter in any detail into the question of the part played in the process of cure by the un-

conscious sense of guilt, though I believe it to be a decisive one. In what follows I shall reproduce, in a form so compressed that I hope it may not give rise to misunderstanding, certain trains of thought which I have worked out at some length in a paper entitled ' Genesungswunsch und Schuldgefühl ', which I finished a year ago, and is in the hands of the editors of the *Internationale Zeitschrift für Psychoanalyse.*

Nunberg's work on the wish to get well has made us familiar with the many reasons that underlie the patient's desire to recover his health. But, in addition to these reasons, the very fact that our patients come to us at all shows, I think, that another factor involved is an unconscious sense of guilt, due to the realization in the neurosis of pre-Œdipal and Œdipal wishes. As the analysis goes on, this sense of guilt is tremendously increased, for, in advanced stages of the treatment, the guilty feelings which were lodged in the symptoms, depressive states, self-provoked punishments, ego-limitations, etc., are activated, thus transforming the bound, unconscious sense of guilt into a free-floating one. When the analysis is far advanced, this sense of guilt, released from its former positions, temporarily increases the patient's depression, his subjective uneasiness and his aggressive impulses against the analyst, although the symptoms have subsided. In its free-floating form it now fastens with all its force on the reproach levelled by the patient's conscience, ' Why are you not well yet ? ' It is difficult to determine what part is played here by purely economic factors—the provision of a better outlet for the sense of guilt or indeed of any outlet at all. Of course that part of the unconscious sense of guilt which represents the patient's reaction to his sexual and aggressive, pre-Œdipal and Œdipal wishes is resolved by the analysis ; besides, analysis destroys these wishes. Strachey and other authors are right when they lay such great weight upon the change which takes place in the super-ego during analytic treatment. But we must not forget that what is achieved in analysis by way of rendering the super-ego more tolerant and lenient must be taken with a grain of salt, as the following argument proves. Before analysis the stern super-ego allowed the neurotic to fulfil his pre-Œdipal and Œdipal wishes under the disguise of symptoms, at the cost of suffering ; after analysis the super-ego, though grown more tolerant, does not allow those who have been cured to take this way out. It does indeed become more lenient, but only on condition that they renounce their old wishes and turn their steps into normal paths.

This reproach of conscience ' Why are you not well yet ? ' finds

expression in typical dreams, in which the ego seeks to repel the super-ego's accusation. I propose that we should call dreams of this type ' dreams embodying a sense of guilt in connection with recovery '. (' *Genesungsschuldgefühlsträume* '.)

When analysis has been sufficiently thorough, two processes take place, parallel with this increase in the sense of guilt. In the first place, patients experience affectively and quite consciously the truth of the analyst's statement that their symptoms conceal an unconscious pleasure-factor. They even go to the length of wanting their old pleasure back and disparaging the normality which is their goal. But in the final stages of analysis this confession of a long-denied pleasure has a purely theoretical value, for the old channel by which libido and aggression once found an outlet is closed, and this adds fuel to the flames of the patients' indignation. (' I feel like a stripped Christmas tree ', said one patient in this phase.) Secondly, in their infantile delusions of grandeur they are deeply mortified by the ridiculousness of the childish wishes. One patient who had regressed to the oral level expressed this concisely when he said : ' The neurosis dies of its own absurdity ' and ' One has to get well out of sheer despair ; there is no other way out—you have spoilt all my old pleasures '.

This emotional utterance indicates the following three factors :

(1) An increase of the unconscious sense of guilt.

(2) Mortification of the infantile delusions of grandeur.

(3) The blocking of the old outlets for libido and aggression to which the patient formerly had access in his neurosis but of which, at the end of his analysis, he can no longer avail himself.

There is a fourth factor which Eidelberg has described in a paper entitled ' Das Verbotene lockt '.[10] The infantile sexual wishes, which were unconsciously gratified in the neurosis, are always prohibited by the super-ego. The pleasure derived from them is conditioned by the prohibition and is absent from the gratification of the sexual wishes of adults, which are not repelled by the super-ego. If in analysis that part of the pregenital libido which had regressed and become fixated advances to the genital level, the pleasure quality which took its colour from prohibition is lost.

Perhaps these four factors explain the lack of enthusiasm with which patients greet their recovery. One patient who had regressed to the oral level said to me in the final stages of his analysis : ' Health

[10] *Imago*, Bd. XXI, 1935.

comes along like a poor country cousin. Nobody is expecting him and nobody is enthusiastic about him, but all of a sudden he arrives.' This is true, although sometimes our candidates for recovery have outbursts of enthusiasm, which very soon die away.

The three factors which I have described, together with the loss of the pleasure conditioned by prohibition, possibly explain, too, why many patients who are cured leave their analysis with a secret resentment in their hearts. It may be objected that this indicates that the transference has not been resolved or that the analysis of infantile wishes has not been searching or full enough. But this is not always so: even in the most favourable case there is a trace of resentment. Not even the analyst can with impunity lay hands on the infantile elements in the human psyche.

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Postscript

In the peaceable atmosphere of an international Congress it would seem more suitable to emphasize the points which we hold in common, rather than to underline our differences. And yet there is no reason to conceal the latter: a movement so great and vigorous as that of psycho-analysis is not in any way weakened by discussions in which expression is given as a matter of course to different—and often to divergent—views.

As I have only ten minutes for my concluding remarks, I must confine myself to only a few of the many interesting ideas which have been contributed to our Symposium. First I will say something about two papers with which I am in complete agreement: Nunberg's and Strachey's. In his writings Nunberg has expressed views on the therapeutic process which have become familiar to us all and have been widely accepted. He has now made two further contributions. He has shown the part played by the unconscious repetition-compulsion and he suggests that the reality-value of experiences depends on the super-ego's sanction. I agree with him on both points and would merely suggest that more emphasis should be laid on the active repetition of passive experience. The unconscious repetition-compulsion is no mere chewing of the cud of experience but a mode of resolving conflict by actively reproducing that which has been experienced passively. In connection with the far-reaching consequences of the unconscious repetition-compulsion I would remind you of the concept of the 'breast-complex', formulated by Eidelberg and myself. I

should like to supplement Nunberg's hypothesis that the ego's experiences achieve full reality-value only when sanctioned by the super-ego by suggesting that we must bear in mind the part played by the other psychic institutions and by asking whether full reality-value does not depend rather upon their being brought extensively into harmony.

In his admirable paper Strachey arrived at the conclusion that we should as far as possible give only ' transference-interpretations '. He explained the therapeutic process as an alteration in the patient's super-ego, a change which he attributes wholly to the interaction of projection and introjection. We are already indebted to him for an interesting survey of the value of analytic interpretation, in which he distinguished between ' mutative ' or ' transference-interpretations ' and ' extra-transference-interpretations '. All analysts are agreed as to the desirability of transference-interpretations, but it was important to emphasize the point and also to formulate the difference between the two kinds of interpretation : ' The acceptance of a transference-interpretation corresponds to the capture of a key-position, while extra-transference-interpretations correspond to the general advance and to the consolidation of a fresh line which are made possible by the capture of the key position. But when this general advance goes beyond a certain point, there will be another check, and the capture of a further key position will be necessary before progress can be resumed.' [11] I agree with our English colleagues as to the importance of the mechanism of projection and introjection in the formation of the super-ego. Indeed, I think that this and the emphasis which they lay on the paramount importance of oral-sadistic impulses are their best-established findings. In any discussion on the part played by the super-ego in the therapeutic process it is essential that we should be agreed as to the genesis and mode of operation of that institution. At the present time there are three theories about it : that which Freud laid down in his works, that held by the English school and that deduced by Jekels and myself from the eros-thanatos theory. In ' Uebertragung und Liebe ' we applied the conclusions to be drawn from Freud's eros-thanatos theory to the genesis of the super-ego, and it is a remarkable fact that this led us to form the same high estimate of the processes of projection and introjection as our English

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[11] ' The Nature of the Therapeutic Action of Psycho-Analysis ', this JOURNAL, Vol. XV, 1934.

colleagues have arrived at, although they do not accept that theory. I think this is important as bridging the gap between the different conceptions. There is one further suggestion that I should like to make in connection with Strachey's hypothesis. I think that some of the functions which he ascribes to the super-ego belong rather to the unconscious part of the ego.

Fenichel disputes my conjecture that the unconscious sense of guilt is the *vis a tergo* in our therapy. I can only suppose that I did not succeed in making myself clear, and I would refer those interested to my paper, ' Genesungswunsch und Schuldgefühl ', when it appears in print. Fenichel also pointed out that in analysis we are not concerned with the ' phantom of the unconscious ' but with living human beings. I used the word ' phantom ' merely to express the distance which we set between the conscious and the unconscious parts of the personality ; possibly the term was liable to misconstruction. At any rate, I never intended to cast doubt on the reality of my patients. Fenichel further suggested that the patient's erroneous conception of his joint work with the analyst as a sexual activity often acted as a resistance and that this invalidated my contention that ' sharing in a common activity ' was an important factor in our therapy. Obviously the patient's misconception often becomes a resistance, but I never contended that resistances should be left unanalysed. I agree with Fenichel, however, that the eros-thanatos theory, upon which Section IV of my contribution is based, cannot properly be discussed in the short time at our disposal here.

V

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The problem of neurosis has not yet been solved completely. Therefore, any attempt at forming a theory of therapy is bound to prove incomplete and may even involve a number of contradictions. For this reason I too am unable to present a complete and systematic theory of therapy. Moreover, the limitation of time does not even permit me to summarize what I have previously published on the subject. I shall, therefore, restrict myself to the discussion of a very few points. I hope I may succeed in formulating some ideas a little more precisely and in bringing into sharper focus one or two points which, in my opinion, have not been considered sufficiently in psychoanalytic discussion.

Wherever Freud speaks about therapy, he ascribes the main share in healing to the *process* of bringing into consciousness that which has previously been unconscious. All we know about therapy is actually comprised in this single sentence. In my subsequent remarks I will attempt to develop this statement.

According to our views on the structure of neurosis, the task of therapy consists in resolving the conflict between the psychic institutions, thereby reducing psychic tensions. As stated before, this is accomplished by the process by which the repressed unconscious becomes conscious. This process is set in motion and—with whatever difficulty—carried through by means of free association.

Before I proceed, I wish to emphasize that the term ' unconscious ' is not limited to meaning that ideas or emotions have vanished from consciousness ; it may mean merely that the connections between elements which previously belonged together have been severed and that the elements remain isolated in the mind. Not only may the affects be separated from the ideas, but also the ideas themselves may be divided into their component parts, into verbal and concrete images. It is self-evident that expression in speech will also suffer under this disintegrating effect of defence : the neurotic is unable to find adequate words for the thoughts and trends which are associated with what is being warded-off.

When the paths of communication are destroyed by defence, connection between the various psychic systems is also cut ; the path-

way for ideas and affects leading forward to the apparatus of perception and motility is closed. Through this blocking of the paths of discharge, the instincts are brought under high energic tension, and this disturbs the psychic apparatus. This tension, in turn, pushes forward the unconscious trends still more urgently towards a cathexis of the motile and perceptive system, in other words, towards discharge in the act of perception and in action, in affectivity and motility. But, owing to the pressure of the defence, it is not possible for the ideas and thoughts to become *really* conscious, nor for the affects to take the proper course and to find *complete* satisfaction and full discharge in feelings and actions. The former are perceived in a distorted form and the latter take ' a wrong road '. The natural tendency towards becoming conscious and towards discharging is greatly supported by free association. For, if we are successful in removing the unavoidable obstacles encountered, free association will eventually lead to the emergence of the repressed material; and this is automatically accompanied by more or less excitement and followed by a feeling of relief.

It is evident that the process of free association results in abreaction by means of affects and actions and by means of the act of becoming conscious. I may be concise at this point, as I have discussed in a previous paper in greater detail the cathartic effect of the act of becoming conscious.[1]

The disorganizing effect of the process of defence or repression is expressed not only in the resolution of large psychic units, but also in the separation and exclusion of the entire warded-off material from the ego and its organization. Since, however, the ego always has a tendency towards connecting, uniting and blending, in short, towards exercising its synthetic function, the warded-off material, which has been broken down into its component parts but is endeavouring, in free association, to reach consciousness again, is bound and reappropriated by the ego into its organization, that is to say, is assimilated. I need not go into more detail concerning the part played in treatment by the synthetic function of the ego, since I have written a paper especially upon this topic.[2] Moreover, Alexander has recently taken

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[1] ' Probleme der Therapie ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928, and *Allgemeine Neurosenlehre*, 1932.

[2] ' Die synthetische Funktion des Ich ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930.

up the same theme.[3] It is easy to observe during analyses that, in the course of this process of uniting and assimilating, the unconscious concrete images and the preconscious verbal images likewise reunite, and that the saving word—the verbal expression appropriate to the trends, thoughts and feelings emerging from the unconscious—presents itself.

Trends that have been warded-off thus reach consciousness by a combination of the unconscious id's tendency to become conscious and the ego's synthetic tendency for absorbing, binding and assimilating.

In the process of repression, not only do the instincts become separated off from the ego, but also some parts of the ego itself, which cling to the rejected instinctual gratification. They separate from the rest of the ego and are excluded from its organization. In analysis, on the other hand, with the help of free association and interpretation, the ego, with its synthetic function, reabsorbs into its organization what has been separated off by defence, although it must sometimes master anxiety and overcome a certain repugnance before it can assimilate some new or strange thing—an unknown person, for instance, or a new idea. This, of course, means an increase of the ego's strength.

But this is not all. Since the defence is initiated owing to fear of unpleasure, the process of becoming conscious, a process counteracting the repression, is accompanied by perceptions of unpleasure. But, while the patient before treatment was afraid of them, he is now able to face the internal danger and to tolerate unpleasure. This change in the ego's reaction seems to me very important, since a neurotic person is from the very start over-sensitive to unpleasure. Analysis evidently develops in the patient courage to approach his internal problems and to be sincere with himself. This increased tolerance of unpleasure may, perhaps, be compared to the tolerance which some patients acquire through immunization.

However, free association never proceeds so smoothly. There is constant failure in following the fundamental rule of psycho-analysis ; the associations flow slowly or stop altogether. At this point interpretation begins. The analyst performs a task which should actually have been performed by the patient : he connects the associations, works them through, simplifies them and discovers their meaning. The

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[3] 'The Problem of Psychoanalytic Technique', *Psychoanalytic Quarterly*, Vol. IV, 1935.

communication of this meaning to the patient is called interpretation. (At this point the importance of the analyst's personality should properly be discussed.)

If the interpretation is correct, it fits precisely into the place where the patient has been interrupted in free association. It is not important whether the interpretation is concerned with the resistance of the id, or with the resistance of the unconscious ego ; what is important is the process of becoming conscious.

In the course of analysis, therefore, the conscious ego becomes more accessible to the processes taking place in the unconscious ego and in the id than it ever was before ; it absorbs them into its organization and expands, so to speak, at the expense of the material which was warded-off. As Freud says : ' Where id was, there shall ego be '.

The patient may or may not accept the interpretation, that is, he may or may not assimilate it, according to the character of the resistances prevailing at the moment. Although there are several types of resistance, I wish at present to discuss only the transference-resistance in its relation to the repetition-compulsion. What has been forgotten is *repeated* in the transference, what has been experienced in the past is re-experienced in the present ; in short, the repressed is once more brought into connection with actuality and carried out in actions.[4] Hence it is evident that every manifestation of transference is governed by the repetition-compulsion : transference is merely a special case of the repetition-compulsion. This does not, however, by any means imply that the repetition-compulsion makes its appearance only in transference ; on the contrary, it may also appear quite independently as a resistance of the id.

We know, as yet, very little about the repetition-compulsion. It is very likely that treatment would be an easier task and more successful if we knew more about it. But on the basis of the little we know, we may nevertheless form some idea of what happens while the repetition-compulsion runs its course during an analysis.

Since the repetition-compulsion is always repeating previous experiences and clinging to the past, we might suppose that it represented an insurmountable obstacle to the advance of the repressed unconscious towards consciousness. This, however, is not entirely true, for, in certain circumstances, it may even prove to be the decisive factor in the process of cure.

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[4] Freud, *Beyond the Pleasure Principle*.

In the first place, by the very tenacity with which it reproduces mental events of the past, it forms an extraordinary incentive for the repressed to re-enter consciousness. It is true that this tendency to become conscious seems to be opposed by what Freud calls the 'manifestation of force of the repressed', by the force which draws the repressed back to its point of fixation. Nevertheless, the tension which is characteristic of repressed instinctual life is continually forcing its mental representatives upwards towards the system of consciousness. Thus these two tendencies, which are apparently mutually exclusive, unite in a single aim: namely, to reproduce the past as fully as possible in an act of perception, and thus to help the id-instincts to abreaction and discharge. There are numerous examples to illustrate this. It may suffice if I refer to the compulsive way in which some patients endeavour to reproduce in constantly repeated actions, in forms of behaviour, in phantasies and in symptoms some excitation (such as masturbation) which was initiated in their earliest childhood but which for some reason could not be carried through and had been repressed. It seems as though they wish to carry this excitation through to the end. They can, however, attain neither full satisfaction nor rest so long as the meaning of their actions and phantasies remains unconscious.

In the second place, transference, though being in a sense a part-manifestation of the repetition-compulsion, counteracts the regressive and retarding tendencies of that compulsion and drives the warded-off material upwards towards consciousness. The warded-off material, however, is reproduced at first without the quality of consciousness, since the reproduced ideas or actions are neither complete nor visibly inter-related.

For performing this last piece of work, for making conscious what has been reproduced in repetition, the patient obviously needs the co-operation of his ego, or, more precisely, of that part of his ego which in the transference is siding with the analyst. In obedience to the analyst's request to remember—to repeat—experiences from the past, the patient's ego braces itself for the re-admission of the repressed into consciousness and is even ready to find some pleasure in what had actually been excluded because of the unpleasure which it caused the ego. The ego's reaction is similar to that in hypnosis, where, in obedience to or compliance with the hypnotist, even unpleasurable suggestions are accepted and carried out. The obedience is reproduced owing to libidinal ties belonging to the Œdipus com-

plex.[5] In the transference, therefore, the ego libidinizes the repetition-compulsion and unites with it to the advantage of the treatment.

So long as the repetition-compulsion serves the id exclusively, it stands outside the ego organization and is, therefore, inaccessible to the influence of the ego. If, however, the synthetic power of the ego is strong enough, the repetition-compulsion is drawn entirely to the side of the ego, is made conscious, assimilated by the ego and absorbed into its organization. It thereby loses its independence and impulsive force, but, on the other hand, it can be better mastered by the ego.

I think that what remains of it in the id is scarcely accessible to any influence whatever. It seems best to quote Freud at this point: 'The same repetition-compulsion thwarts us as a therapeutic obstacle, when at the end of the treatment we attempt to effect complete detachment from the physician. . . .' And again: '. . . We may assume that the vague anxiety of those who are not familiar with analysis, and who are afraid of uncovering something which should, in their opinion, be left untouched, is really the fear of the appearance of this demonic compulsion'. And, finally, he delimits the boundaries beyond which psycho-analytic influence cannot be effective as follows: 'It is the repetition-compulsion of the unconscious id which endows the repressed with its fixating power. Normally, this compulsion is neutralized only by the freely movable function of the ego. The ego may sometimes succeed in tearing down the barriers of repression which it itself has erected. . . . However, it is a fact that it is often unsuccessful in this attempt. . . . Quantitative relations may be what determines the outcome of this struggle. . . . In some cases we have the impression that the decision is a compulsory one: the regressive attraction of the repressed impulse and the strength of the repression are so powerful that the new impulse cannot but follow the repetition-compulsion. . . .'[5] Indeed, sometimes we see that our patient is driving toward a certain event, or, in other words, that some particular thing is bound to happen in his analysis, or otherwise it will not be able to proceed; or it may also happen that we see a patient rushing to his fate and are utterly powerless to prevent him.

We should not, however, be too pessimistic; for we have a considerable path to travel before we reach the point at which the attracting force of the repressed, derived from the repetition-compulsion, is insurmountable.

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[5] Freud, *Beyond the Pleasure Principle*.

Returning to the point at which we broke off, we see that during treatment the past becomes reanimated and activated to such an extent that the patient's sense of time seems to be put out of action, the past becomes the present to him and the present the past. The function of testing reality becomes even more disturbed in the transference situation than it was before. Since, however, the repetition-compulsion retains the past in the present, it allows the ego to obtain direct access to the past, to earliest childhood. That part of the patient's ego which has remained intact now has an opportunity of confronting the infantile reality with the actual one and of comparing them, so to speak, on a single plane, namely, in the present ; it can assess its infantile wishes and anxieties in terms of its mature strivings, thereby devaluating the dangers threatened from their realization. This, of course, leads to a more precise discrimination between within and without, to a better testing of reality.

There is the additional consideration that by the constant repetition of an experience, even though it was not a pleasurable one, the ego shows that it is unable to get rid of it and is being perpetually disturbed by it. Obviously the experience must have had a traumatic effect. The repetition, therefore, is equivalent to an unending attempt to abreact and undo the traumatic experience. In the transference the libidinal binding of the repetition-compulsion by the ego seems to weaken the traumatic effect of the experience and to prepare favourable ground for its complete abreaction.

We must, however, take another factor into consideration. The carrying-over of the repetition-compulsion from the id into the ego transforms a passive experience into an active one There is no longer an attempt at abreacting a striking experience autoplastically by endless repetition in order to render it harmless. On the contrary, it is worked through and guided by the ego, and its energy is discharged in purposeful actions on to the external world. As a consequence, the ego too is enabled to make a better adjustment to reality : it need no longer transform itself in order to deal effectively both with the instinctual needs and the demands of the super-ego ; it makes changes in the external world in order to procure a certain amount of satisfaction for itself. But this leads at the same time to the gratification of a component instinct of the ego, namely, the instinct of mastery. Previously the ego had been helpless when facing not only stimuli from the external world but also internal stimuli, and it felt anxiety when their intensity increased ; whereas now, in the transference

struggle with the powers of the id, the ego has been strengthened and has acquired the capacity to receive more easily and to make a better distribution of the increasing stimuli coming to it from the internal as well as from the external world. In short, it has acquired the power of mastering them.

We have reached unawares the problem of adjustment to reality. Although this Symposium is not concerned with the discussion of that problem, we must at least touch upon it in attempting to formulate a theory of therapy. The importance of the repetition-compulsion as a preparation for adjustment to reality is beyond all doubt. We have only to observe small children in order to receive an abundance of impressions to confirm the view that it is the constant struggle between the retarding tendencies of the repetition-compulsion and the hunger for new impressions which leads little by little to the mastering of reality. In the course of this process the repetition-compulsion gradually recedes into the background. We have just seen a similar phenomenon, namely, a certain restriction of the repetition-compulsion and a consequent improvement in reality testing in our description of the progress of treatment. The change in the attitude towards reality is perhaps most clearly seen in the transference. The more the clogging effect of the repetition-compulsion is diminished in the psycho-analytic situation, the more is the patient able to see the analyst as he is in reality, and not as he should be according to his desires.

The function of testing reality is, of course, much more complicated than this. Here I wish to stress only one point of view which, I think, has not been taken into consideration in psycho-analytic literature, except in Freud's latest work, his letter to Romain Rolland, which had not been published when I first read this paper. In hypnosis reality can be altered, since the hypnotic subject identifies himself in his super-ego with the hypnotist.[6] Hence reality-testing is somehow dependent not only upon the ego but also upon the super-ego. In states of depersonalization, feelings, perceptions and impressions are experienced as strange and as not pertaining to the ego. Analyses prove that, in depersonalization, the conflict between ego and super-ego is particularly sharp, and that the super-ego denies the experiences and impressions of the ego. From this I have elsewhere drawn the conclusion that the experiences of the ego (no matter whether they are of an emotional or of an intellectual character), do not normally

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[6] Freud, *Group Psychology and the Analysis of the Ego.*

attain the full value of reality until they have been approved and, as it were, sanctioned by the super-ego.[7]

In every neurosis ego and super-ego are at variance. The super-ego rejects certain instinctual demands and keeps their derivatives away from the ego. Since during analysis more and more thoughts and trends, which encounter opposition, criticism and threats of punishment on the part of the super-ego, become conscious, the patient needs protection and help against this super-ego. Finding both in his analyst, he leans on him and identifies himself with him. This identification seems to be enacted mainly in the super-ego and takes place on the pattern of an alliance with the enemy, in the hope of thus rendering him harmless; and, in fact, the patient's super-ego becomes more tolerant owing to this alliance, it sanctions thoughts, wishes and modes of gratification which had previously to be rejected. The ego becomes reconciled to the super-ego, which now recognizes the perceptions of the thoughts, feelings and wishes of the ego as pertaining to the ego and as actually existent. When the impulsive force of the repetition-compulsion becomes weakened by analysis, the identification in the transference seems to vanish spontaneously. But, at this point, the super-ego no longer works against the reality function of the ego. The ego becomes reconciled not only to the super-ego, but also to the external world and to the id, and brings about a harmonious collaboration between all three psychic institutions.

I fully agree with the opinion that introjections and projections, re-introjections and re-projections are partly responsible for the change in the super-ego.[8] But, at the same time, a displacement of destructive energy takes place: the impulsion of the super-ego for dominating the ego, its need for power, is displaced on to the ego, which now becomes capable of making a better adjustment to the instinctual world as well as to the external world. Moreover, owing to the release of the instincts from their fixations and owing to their acceptance into the organization of the ego, the latter expands more and more, and learns to master more successfully impressions from without as well as impressions from within. In Freud's words: 'Psycho-analysis is an instrument designed to enable the ego to achieve step by step the conquest of the id'.

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[7] Nunberg, *Allgemeine Neurosenlehre.*

[8] Strachey, 'The Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934.

VI

E. BIBRING

VIENNA

A theory of therapeutic results—the title of this symposium—requires a theory of therapeutic procedure as a supplement. Together they form a theory of therapy. A procedure and its results have, in a certain sense, to be treated independently: for different procedures often have the same or nearly the same results; or a procedure may not lead to any success, i.e. it may be a procedure without any results; or there may be results without, so to speak, a special method being used, that is, a spontaneous cure may occur, the causes of which are unknown; and so on. Between a method and its results there are, however, close connections which can be formulated generally as follows: certain procedures usually have certain results, if the results are not simply considered in their manifest form, but if their economic-dynamic position is also taken into account.

I shall, however, adhere to this distinction for a particular reason. If this distinction is maintained, a theory of a therapeutic procedure would have to deal with questions concerning the essential methods and principles of the procedure, whereas for a theory of therapeutic results the following questions would have to be considered: in what way do the *changes* arise which constitute cure and on what are they based? There is a general and a special theory of cure, according to whether one investigates the general conditions which may on principle be assumed in all cases, or the special ones which vary with different types of illnesses. I shall confine myself to the question of the general and usual conditions which make an analytic cure possible. It is, therefore, not the object of this paper to give a more or less complete theory of cure, not only because we do not yet possess a complete knowledge of all the elements necessary for such a theory, but also because only a part of these elements can be investigated within the framework of this symposium. Nor is it my object to bring forward any new facts about the process or the conditions of cure. I shall merely try to summarize the known facts and assumptions which will make possible a *general* theory of cure.

A therapy can *aim* at various things. Broadly speaking: 'where

id was ego shall be'. This means, from the special point of view of therapy, that the repressed part of the id—the part warded-off—has to become ego; i.e. the reciprocal relation between certain parts of the ego and certain parts of the id has to be changed in the sense of being made more normal, and this includes a change in the super-ego. The aim of therapy may, therefore, be provisionally described as a change in the reciprocal relations between the various institutions of the mind. This alteration includes a change *within* these institutions, i.e. within the id, the super-ego, and, most especially and decisively, within the ego. On this common ground the special aims of therapy are built up. The *means* employed are, in the first instance, making the unconscious conscious: and by unconscious is here meant not only the id, but also the unconscious parts of the ego (the super-ego and the unconscious methods of modification, i.e. the ego-mechanisms). A theory of therapeutic results, dealing with the fundamental question of how the changes which constitute cure arise and on what they are based, now leads to the more precise question: how is the change in these unconscious parts (id, super-ego, ego-mechanisms) and in their reciprocal relations possible? How can the id be changed and why? How and why can the super-ego and, lastly, the ego be changed? We shall now deal with these questions in turn. In the following three sections the basic principles of cure will be dealt with (in a necessarily one-sided manner) from the point of view of the id, the super-ego and the ego respectively.

I

One might be tempted at first to deny the possibility of the id being changed, on the ground of the general idea that nothing mental can disappear, or on the ground of the special view that the repressed can neither be destroyed nor changed, and that it is timeless. Such an attitude would be equivalent either to denying all possibility of cure, or to localizing the process of cure exclusively in the ego. There are certain natural changes which occur in the id which we subsume under the concept of instinctual development and which continue, broadly speaking, throughout life. This development is subject to interferences in the sense of inhibition or involution, that is to say, to fixations and regressions; or it may be subject to changes in regard to the process of gratification, whether by modification in aims or

objects or in the process itself. Not all of these modifications are changes in the id, i.e. take place without the participation of the ego. In particular, the transformation of instincts in regard to their aims and objects is, for the most part, connected with their entering the ego. It is, however, necessary to make various distinctions at this point.

The id impulses may undergo changes with or without the participation of the ego. Biological (developmental) changes occur without the participation of the ego, while those influenced by the ego may be divided into two groups. The first group comprises alterations which are remouldings of the instincts by the ego ; where, in other words, the energy of the instincts is directed into tracks prescribed by the ego. From the topographical standpoint, these are alterations undergone by the instincts when they are ' taken up into the ego ', that is, when they are submitted to the ego's methods of modification. They are a *direct* effect of the ego. The second group comprises alterations which do not represent immediate remouldings by the ego but only arise under the *indirect* influence of the ego, under the pressure of frustrations or of abstention on the part of the ego or of the consequent damming-up. From the topographical standpoint, these are alterations which the instincts may undergo, so to speak, *before* ' entering the ego '. In what follows I propose to describe those instinctual alterations which have a biological basis as well as those which arise under the *indirect* influence of the ego as ' instinctual changes in the id ' and to describe those alterations which arise from the subjection of the instinctual impulses to the ego's methods of operation as ' instinctual changes in the ego '.

Instinctual changes in the id are, in contrast to remouldings in the ego, relatively few in number. Apart from the natural development of the instincts, this category includes, amongst other things, the various forms of displacement, fixation, regression and instinctual demolition. It is not easy to draw the line between instinctual changes in the id and in the ego. A displacement, for instance, may occur in the id which may at the same time be a defensive measure of the ego. In the same way the concept of fixation can be interpreted in two ways. It may be the fixation of an instinct in the sense of the libido being carried through specially favoured channels, or it may be the fixation of the ego to some particular kind of instinct or instinctual gratification. And again, regression can be regarded as a process occurring auto-

matically, that is, as an instinctual vicissitude pure and simple (a process or mechanism of the id), or it can be regarded as an act on the part of the ego which is actively reaching back to earlier positions for reasons of defence (a mechanism of the ego). According as we view these concepts in the first or the second sense a fundamentally different theory of therapeutic changes will result. The constant stimulation of an erotogenic zone can bring about the fixation of an instinct; on the other hand a prohibition can in some circumstances lead to the fixation of the ego to an instinct.[1] The loosening of fixations will in the first case be a change in the id and in the second case a change in the ego. Since in the present section of my paper I am regarding these concepts only in the first sense, they here denote changes in the id and not in the ego. Another theory of therapy is conceivable which would regard *all* therapeutic changes as modifications of the instincts by the ego.

Loosening of fixation, removal of regression and every sort of displacement, and, finally, weakening or removal of repetition-compulsion and thus restoration of the possibility of natural instinctual development—all these are necessary changes which therapy must achieve in the id. (It will be evident that since this formulation of the aims of therapy is given from the point of view only of a pure id-alteration, it is incomplete. The same is true of those formulations which are given below in regard to the ego and the super-ego. It is only when all of them are together that they form an approximately complete statement of the aims of therapy.)

As we are never able directly to perceive the instincts—or any other mental forces—but infer them from their effects, we cannot influence the id either directly or indirectly. Since the instincts cannot approach the external world except through the ego, we can only recognize instinctual energies from their effects in the ego (as in representatives, derivatives, etc.), and, moreover, no mental influence can be exerted on the id except through the ego. Attempts to recognize

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[1] In the course of the discussion Fenichel objected that the repression caused by the prohibition and the consequent damming-up of the instinct do nevertheless in the last resort bring about an instinctual fixation. Leaving on one side possible differences of opinion on the concept of instinctual fixation, I may explain that what I have in mind here is the effect of a prohibition which leads, not to a repression, but to a definite increase of ego-interest (' Forbidden fruit tastes sweet ').

the id more or less directly by exclusion of the ego (and this exclusion is always a relative exclusion of certain resistances of the ego or of those parts of it which are the vehicles of those resistances but scarcely ever of the ego as a whole) may, perhaps, have a *diagnostic* value (i.e. they facilitate the analyst's insight into his patient), but not a *therapeutic* one (i.e. they do not enable the patient to understand himself and thus to become cured, even if the analyst gives him assistance in this task of self-recognition).

The id can be influenced in a therapeutic way on the following two pre-suppositions: the first is that the defence of the ego has been lessened, and the anxieties causing it have been removed. This alone makes it possible to clear away all pathogenic alterations of instinct. We shall discuss later how the defensive attitude and the underlying anxiety are overcome. The second pre-supposition—and this seems to be borne out by observed facts—is that the id shows a readiness to be changed. This readiness may be described as a spontaneous tendency on the part of the instincts to follow the line of development and to achieve the special forms of gratification that have been biologically established for them. The tendency to achieve a special form of gratification is known to us as instinctual tension. It only becomes manifest when inhibition takes place. One may distinguish between instinctual tension and developmental tension. The latter forms the basis of a tendency of instincts to develop in a specific way, and continues to be operative even when the course of development is interfered with by obstacles, for instance, by repression or fixation.

All theories of the changeability of instincts within the id, i.e. without direct participation of the ego, are based on the assumption of these two biological tendencies. Anyone who denies them will be forced to link the question of the changeability of instincts almost exclusively with the problem of the ego.

The restoration of a deranged instinctual development which occurs in the course of therapeutic treatment is to be attributed to this developmental tension. It enables a curative process to take place as soon as the fixations and regressions have been resolved (and this will only happen if the defensive pressure exerted by the ego has been removed); for it will then work spontaneously in its natural direction and thus act in the interests of recovery.

But perhaps the concept of instinctual tension is the more important of the two. It possesses as much significance in the theory of neurosis as it does in the theory of therapeutic procedure. Together with

repetition-compulsion instinctual tension is the actual motive force of therapy. It is one of the factors which are responsible for the production of ever new ways of gratification in the struggle with the defensive ego, for the production of derivatives during analysis, for the tendency to more or less distorted irruptions of instinct, for the dynamics of therapeutic processes, particularly of transference phenomena, etc.

Although instinctual tension plays a very important part in disease and in therapeutic procedure, its effectiveness in bringing about a cure is limited in some respects. The significance of genital instinctual tension for effecting a recovery is evident. So far as pregenital trends are concerned instinctual tension may be accepted as a factor in establishing a cure partly in connection with the transmutability of instincts and partly in connection with the developmental tension which we have spoken about, in so far as the pregenital instincts are eventually absorbed into the genital organization.

While both these tensions are progressively working in the direction of therapeutic procedure and cure, the repetition-compulsion cannot be regarded as having such a uniform function. Repetition-compulsion is useful for analysis in so far as it provides material and stimulates forms of acting out which, in a certain sense, help analysis. On the other hand, it obstructs recovery. Even after the ego-resistances have been removed, the instincts show a tendency not to allow any change, but to continue in their present form, in spite of their above-mentioned readiness to change. How can the repetition-compulsion which has thus been turned into a resistance be removed ?

Freud defines repetition-compulsion as the attraction which unconscious prototypes exert on the repressed instinctual process, and he is of the opinion that it can only be overcome by a continuous action of the ego in the form of the so-called working through. Working through in this context consists of seeking out all the substitutive forms of the repressed instinctual impulses, of making them conscious as far as possible in every detail and of confronting them with the contradicting ego. An essential addition is the discovery of the genetic connections and the analysis of infantile prototypes. Repetition-compulsion cannot be dissolved until all the unconscious paths followed by the instincts at the present day in all their modified forms and, above all, the original repression itself have been removed. So long as there is a magnet there will be attraction within the magnetic field. Working through thus means penetrating not only to the emotional foundations of what is being warded-off, but also to the infantile

content of the repressed as being the very centre of activity. Only in this way will the repressed in all its parts be dissolved, and the secret attraction exerted by it thus made impossible.

Working through has, besides the effects mentioned, another result which may be of decisive importance in dissolving the repetition-compulsion. Through being made conscious the instincts (or their derivatives) are separated out from their previous connections into which they were interwoven, and come face to face with the ego. This separation objectifies the instinctual gratification, and thus changes it in its course ; for it seems that the mere fact of being made conscious influences and weakens emotional processes, especially the pleasure-processes. This is particularly the case when there is some opposition (not always conscious) on the part of the super-ego. A patient who at first denied that complaining was an aim of his exhibitionism, confessed one day, after the latent paths of gratification had been brought out, that he noticed that he was not able to complain any more, because, as soon as he started doing so, he heard his own voice and, at the same time, had the impression that something sounded wrong. The pleasure-gain was, perhaps, lessened by its very objectification ; it certainly was so by the fact that the patient now took up the same critical attitude towards himself as he had spontaneously adopted towards others when he met with similar instinctual tendencies in them. By thus grasping all their modifications we subject the repressed instinctual impulses to an extensive interpretation, both from a phenomenological and a genetic standpoint, and make them conscious, and objectify them. In this way, too, the pleasurable character of latent instinctual gratifications is gradually lessened, subjected to criticism, intermixed with unpleasure and finally completely dispelled.[2] One might say that in this phase of treatment similar events occur as in the instinctual struggles of infancy, but in the opposite direction. In infancy the normal expression of an instinct was opposed, say out

[2] Certain types of patients often show an unpleasurable phase of inhibition of this kind, which may last for some time. The original pleasure mechanisms are barred for them, while they have not yet acquired new ones of similar intensity. In these cases the prolonged intermediary phase shows something that occurs, though perhaps in a less conspicuous way, in every single act of resolving a repetition-compulsion. French describes similar processes in a very instructive way in a communication on a fragment of an analysis. (*Internationale Zeitschrift für Psychoanalyse*, Bd. XXIII., 1937.)

of fear, until it took abnormal paths and was finally completely changed or repressed ; whereas during treatment we bar all pathogenic paths merely by our analytical procedure and not by any special ' active ' steps. The ego of the patient then chooses ways that lead to cure. This analytical system of procedure may, apart from special cases, contribute considerably to overcome the resistance which emanates from the power of the repetition-compulsion.

Here, too, the influence of the ego on the id only extends so far as it obstructs some paths and opens out others for the instincts. The therapeutic influence on the id *viâ* the ego is always an indirect one. The actual change must be effected by the natural tendencies of the id. One must not, however, either underestimate the power of this indirect influence or overlook the probability that more direct effects are also brought to bear on the id, perhaps in connection with transference. Yet this effect remains outside analytical therapy in its proper sense, even if its influence during analysis may sometimes be great.

This re-alignment of instinct is facilitated by the analyst's taking sides (though the side he takes is always determined by the actual situation) ; for the patients, among other things, take over his attitude affectively into their ego and super-ego. But it is quite as much facilitated by the new ways of gratification, with their accompanying pleasure-premium, which they experience. But this point will be dealt with below.

To sum up :—After ego-resistances, etc., have been removed, the id's natural tendencies of development spontaneously act in the direction of cure. Repetition-compulsion resists them and therefore requires particular treatment in order to be overcome. The gradual uncovering of all the parts of the repressed, particularly the emotional ones, together with the obstructive operation of working through which disturbs the course of pleasure, make possible a re-direction of instinct towards recovery.

This re-direction can be partial or total. In the first case instinctual needs would merely be weakened and could therefore be more easily mastered by the ego. In the second case the instinctual impulse would completely transfer its energy to its derivatives or to other trends, and would thus cease to exist in its original form as an independent trend. Such changes must regularly occur in the course of normal instinctual development. One may assume that they can also occur in connection with analytical treatment. Freud has lately suggested that repressed impulses, too, are capable of being demolished in this way. It is not

quite clear under what conditions such a re-direction of instinctual energies can occur. The indirect influence of the ego in the sense of blocking certain instinctual paths, as described above, is not a sufficient explanation: it can, but need not, be followed by a re-casting of that kind. It is probable that such an outcome depends on certain factors in the id as well. The question whether re-alignments of this sort are reversible or irreversible processes is another consideration.

We therefore assume that total re-alignments can occur not only in the course of normal development, but also as a result of therapeutic influence. If this is so, the demolition of an instinct as an id-change would take an important place within a general theory of cure. If one equates a total demolition of instinct with the concept of successful repression, then a cure consists not only in resolving unsuccessful repressions, but also in establishing successful ones. The concept of demolition of instinct is, however, more appropriate for denoting a pure id-change.

In conclusion two other concepts may be discussed, to which a greater or smaller importance is attributed in various attempts at a theory of cure. These concepts are 'abreaction' and the so-called 'irruption of instinct'. It is remarkable how often expressions such as abreaction, emotional experience, irruption of affect or instinct are taken as synonyms. This frequently leads to misunderstandings; and I think one is justified in attempting to make some differentiation between them.

The concept of abreaction is a purely therapeutic one, and is exclusively part of the so-called cathartic method. The theory of abreaction is supplementary to the theory of strangulated affect. Strangulated affect, i.e. affect deprived of any paths of discharge, requires, in addition to the restoration of those paths, a real, single, or fractionised discharge, because it would otherwise remain a 'foreign body'. The discharge has therefore to occur in the service of cure. The theory of abreaction is, in our terms, a theory of change in the id as the basis for a theory of cure. In the theory of defensive mechanisms and of resistance there is no longer a place for the theory of catharsis, although the latter seems to be continued in concepts such as damming-up and letting out, or discharge. The concept of abreaction can, therefore, hardly be used in an analytical theory of cure, in which the effective therapeutic factor is a normalizing of instincts and of paths of discharge, not an artificially induced and isolated abreaction.

The same is true of the idea of irruption of instinct in so far as it is

used in this sense of abreaction. Irruption of instinct is, nevertheless, a wider concept. (1) It is linked with a number of other concepts such as working through and affective remembering. In this connection irruption of instinct becomes an intermediary aim of therapy. It mainly serves to produce the evidence of immediate self-experience in contrast to merely reflexive self-knowledge. But wherever one wishes to achieve the full amount of affect in order to produce an emotional experience one is dealing not with a theory of id-change but with one of ego-change. (2) It is more difficult to bring into line the view of irruption of instinct as an occurrence that is designed to bring out every affect, or form of libido, in order to liberate the whole amount of bound energy. If this occurrence is meant to subserve the purposes of abreaction (in order not to leave any foreign body behind), then we are dealing with a theory of id-change in the sense of catharsis. If, however, it aims at dissolution of every libidinal tie, because repression cannot otherwise be totally removed nor working through completely carried out, a tendency towards id-change is present, but this time in the sense of a dissolution of the repetition compulsion. (3) If an irruption of affect is considered as an occurrence which is likely to rouse related affects and ideas, this view can be described as a theory of mobilization. It has no bearing on a theory of cure, but it has a bearing on the theory of technique as a means of gaining material. And here, to some extent, we have a theoretical link with Ferenczi's methods. Finally, (4) irruption of instinct is conceived not only as a result of an ego-change or as a means of producing evidence of an experience, but it is even regarded as an actual cause of ego-change. According to this view an emotional experience in its full intensity causes not only the conviction of its existence, but also a sort of ' re-orientation ' of the ego. Fenichel rightly assumes that an offshoot of the so-called shock theory is hidden behind the theory of irruption of instinct. A mental upheaval or shock is regarded as a method of changing the personality. This idea of shock is of importance in certain patients' magic-masochistic phantasies about the process of cure in analysis, but it has no place in a theory of cure.

The concept of irruption of instinct is not, therefore, as has been shown, identical with the original concept of abreaction. While the theory of abreaction considers abreacting in itself a factor in cure the concept of irruption of instinct includes influences on the ego, changes of the id and purely technical concepts. In general one may say that wherever in a theory of the process of cure the main accent lies on

analysis or change of the id there is a tendency to regard the irruption of instincts, in the sense of abreaction, as an essential therapeutic process.

II

We turn now to the question of the changeability of the super-ego. In this connection many demands are, generally speaking, made on the super-ego. Its archaic severity must be reduced, its great tension in relation to the ego must be lessened, and it must in part be amalgamated with the ego. Its attitude of goodwill, its understanding and its kindly care must be increased; its functions must be better adapted to the ego's conditions of life and to reality, etc. What is the basis for these changes which are the aim of therapy as regards the super-ego ?

The answer to this question depends on the nature of our ideas about the origin and structure of the super-ego. Since the super-ego is in its essence the product of childhood situations which are particularly fraught with conflict, the question of the changeability of the super-ego can be dealt with on the one hand under the heading of analysis of instinctual impulses and on the other under that of the defending ego. We may, with the help of analytical methods, disturb the attempt at a solution that led to the setting up of the archaic super-ego; we may reverse and replace it by another solution after new conditions have been established. There is, however, another means—certainly less analytical, but no less effective for all that—of influencing the super-ego. This influence is achieved in connection with transference by establishing or by merely strengthening certain parts of the super-ego in an *immediate* way. This method follows to a certain extent the same ways as those of childhood, namely those of identification with an object, but this time with a safer and more tolerant one, i.e. with the analyst who represents reality-thinking. This qualitative change of the super-ego has, in my opinion, a significance for the therapeutic process which should not be underestimated, even if it is not the main factor in the cure.

Strachey, whose views we subscribe to to a certain extent, rightly emphasizes that the analyst does not at first act as a ' parasitic super-ego ', but that the patient makes him an external representative of his super-ego by regressively transferring all super-ego functions on to him. In this way the rôle of the omnipotent authorities of childhood, who are endowed with magic and can be protective or terrifying, is ascribed to the analyst. The analyst plays at first either part alter-

natively, according to the situation. This extraordinarily unstable situation is counteracted by the analyst's actual attitude, as evinced by his analytical activity and by the creation of the so-called analytical atmosphere. That is why the patient has the constant certainty, even though it may often be disturbed by anxiety, that the benevolent and understanding relationship of the analyst to him, beyond considerations of blame or punishment, will never be interrupted. This means that the patient feels secure from object-loss and punishment, in whatever light he may appear in the treatment.

The situation we see here is the same as the socio-psychological one between leader and group—it is the ' creation of a group of two '. The loving and beloved leader takes over the functions of father-imago and super-ego and temporarily eliminates the functions of the super-ego in his follower. Only after this situation has been established can the erstwhile predominating super-ego of infancy be subjected to the same influences which act on the id-impulses and the defensive mechanisms of the ego. These influences are objectivation and genetic reduction, which lead to a resolution of the archaic super-ego through analytical activity. This situation is, however, very unstable, and the patient is, at certain stages of analysis, inclined to withdraw his confidence, which rests upon the reality situation, from the analyst.

Here a question arises: Does the preliminary situation, which is confined to analysis, and in which the analyst plays the part of an ' auxiliary super-ego ',—that is to say a representative of the super-ego who exists in the external world—become a permanent institution ? The patient would achieve this by building up a new super-ego modelled upon his analyst (not, of course, as he really is, but as he appears to the patient in the analytic situation), and in this way he would become independent of the external situation and would receive a guarantee of a constant change in the sense of cure. Observation seems to corroborate this assumption in many ways. We can leave the question open whether the super-ego is at first re-established in the form of a parasitic super-ego which gradually concentrates the cathexes of the archaic super-ego on itself (as Rado thinks), or whether it is re-established step by step through innumerable small acts of testing the re-activated infantile instinctual impulses, and supplants the phantastic instinctual representatives that are being resolved (as Strachey seeks to show). But I should like to make two remarks. The view that it is absolutely necessary to re-erect a tolerant super-ego, which is guided by reality and for which analyst is taken as model,

obviously presumes in too one-sided a manner that no such elements exist in the neurotic's super-ego—that they are all purely phantastic ones. But when we make conscious all the present-day and genetic factors in the patient's mind we often uncover contradictions not only between his ego and his super-ego, but also within his super-ego—between the aggressive and kind or the prohibiting and demanding parts of it and also between the phantastic parts and those that are nearer to reality. These contradictions, through being raised into consciousness, can be examined and adjusted, i.e. the pathogenic parts are resolved. Furthermore, the new super-ego is, no doubt, established during analysis in the same way as it is in childhood. The necessary frustrations that are constantly being imposed demand a separation from the object, and this leads to a gradual internalization of the object. In contrast to the tension which dominated the patient's relationship to objects before the latency period (it is irrelevant whether it started from his side or from that of his object or from both), the analyst remains the safe object which cannot be lost, which understands and is without hatred even though it is a consistent representative of inescapable reality demands. The analyst, exercising these functions, is set up as an internal object in the patient (on the basis of a constant frustration which is, however, taken at its true value by the patient). Since, however, the tensions with the object are eliminated, it is difficult to say whether it is the ego or the super-ego which is re-moulded in this way to the greater extent. But then is it not part of the cure that the boundaries between these two institutions should no longer be clearly definable ?

Apart, then, from the provisional influence exerted upon it through transference, the therapeutic changes which take place in the super-ego are effected by purely analytical means, i.e. by demonstrating contradictions in structure and development and by making an elucidation of them possible. We have, however, to assume that part of the ego's newly acquired security (whether occurring *viâ* the super-ego or directly in the ego), has to be traced to certain immediate influences and that a rôle which should not be underestimated has to be attributed to it in the process of cure, at least in certain cases. In my opinion the analyst's attitude, and the analytical atmosphere which he creates, are fundamentally a reality-correction which adjusts the patient's anxieties about loss of love and punishment, the origin of which lies in childhood. Even if these anxieties later undergo analytical resolution I still believe that the patient's relationship to the analyst

from which a sense of security emanates is not only a pre-condition of the procedure but also effects an immediate (apart from an analytical) consolidation of his sense of security which he has not successfully acquired or consolidated in childhood. Such an immediate consolidation—which, in itself, lies outside the field of analytic therapy—is, of course, only of permanent value if it goes along with the co-ordinated operation of analytic treatment.

The natural forces of cure which help to effect the changes in the super-ego are the same as those acting in the id and ego, respectively, as we have shown in our description of the resolution of the super-ego as an instinctual vicissitude and a process of ego-defence. Everybody's super-ego can temporarily and to a greater or less degree be modified. This ability to be modified we have described as one of the foundations of a permanent change. It is based on various factors, above all on the unstable position, for all its strength, of the super-ego within the psychic frame-work, particularly of an ill person. The rebellion which still lives unchanged in the depth of man against the restrictions of childhood or culture which have been precipitated in his super-ego, no less than his fear of the punishing forces of fate within him or outside, drives his ego to anchor its conscience outside its sphere of responsibility. As Freud has shown, this is one of the fundamental causes of the leader-group situation.

We know that changes of the super-ego are, in certain patients, difficult to achieve. It was precisely the fact that the super-ego seemed to demand gratification with the same stubbornness and relative perseverance as the biologically known instincts did that, amongst other things, was the cause of important extensions of theory. It is very difficult to estimate how great a part quantitative factors play. A great sense of guilt, too great a fear of punishment, but particularly too great an aggression discharged *viâ* the super-ego and thus turned away from the external world can prevent the ego from giving up the once-established though pathogenic adjustment, or from even temporarily suspending it. One must not forget that it is particularly in the relationship between super-ego and ego that every institution can experience gratification to an extent that amounts to a closed system which is almost or entirely indestructible.

III

We shall now turn to the question of the changeability of the ego. It is the ego which is the actual seat of treatment and cure. We

cannot achieve anything without the help of the ego and without the alteration of it. In saying this we do not take up a position in favour of ego-analysis and against id-analysis. The alternative implied in the question whether cure consists of educating the impulses or of educating the ego is refuted by the facts.[3] Analysis of the ego alone would not merely give a false picture, as Anna Freud has pointed out ; as regards a cure especially it must be affirmed that analysis of the ego without analysis of the id would, theoretically, be as unsuccessful as analysis of the id without analysis of the ego. (Why, in spite of this, changes do nevertheless occur in incomplete analyses is another question.) [4]

Which part of the ego is to be changed ? Of course not the part that belongs to the system ' Cs ', but that which belongs to the system ' Ucs ' and which is the actual subject of treatment. There are thus two parts of the ego which we set over against each other : the methods of working over of the conscious, uniform and rational ego against the unconscious, defending ego and its mechanisms. Our first therapeutic aim with reference to the ego is therefore to bring about a mitigation of its defensive attitude and a modification of its defensive mechanisms. As the defensive attitude of the ego is mobilized by its fear of dangers lying in the external world and in the two psychic institutions, those defensive mechanisms cannot be given up unless the fear has been resolved. Thus the results aimed at by the therapeutic action on the ego are : a resolution of anxiety, an increased toleration of affects and instincts, an increased security with regard to the super-ego and the external world, a removal of pathogenic defence-mechanisms, and, finally, a restoration of the natural range of modificatory methods at the disposal of the conscious ego.

To the question, how and why are these changes possible ? we can answer at once, through exerting an analytical and pedagogical influence on the ego which, in this case, too, can be supported by certain natural factors of cure. Through making the unconscious ego-reactions conscious, the defending part of the ego becomes the object of the observing, conscious ego. The first effect of making conscious the forms of defence is to clear the way for less disguised instinctual derivatives and affects. It is only after the warded-off instinctual and affective impulses have been made conscious that the complete and actual conflict situation

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[3] Cf. Ferenczi and Rank, *Entwicklungsziele der Psychoanalyse*, 1924.

[4] Cf. Edward Glover's paper, ' The Therapeutic Effect of Inexact Interpretation ', this JOURNAL, Vol. XII, 1931.

is established. The observing and criticizing ego is now confronted with the complete conflict of defence and thus forced to deal with the instinctual or affective impulses on the one hand, and with the defence-mechanisms on the other. Progressive objectivation is, however, not only achieved by making conscious the unconscious parts of the ego as well as of the id ; these parts are also separated from their previous connections—in so far as they emerge as particular modes of behaviour —and are inserted where they belong in the new connections which have up to now been unconscious. This is necessarily followed by a changed attitude of the conscious ego towards its behaviour which it has up till now wrongly ordered and understood. It is obvious that this schematic description does not do full justice to the complications involved in the processes of therapy as they occur in reality. Things like the oscillation between putting at a distance and re-assimilating on the old basis, the appearance of new, concealed defensive forms, the uncertain alliance with the ego, etc., make working through necessary here as well. It will therefore be the analyst's task to work through all the higher defensive processes on the broadest basis from a phenomenological and genetic point of view, with the aim of bringing up all those defence situations which have an important pathogenic effect (namely the current as well as the past and infantile ones) in their original character in order to have them worked over anew by the conscious ego. This he will achieve by resolving all the modificatory methods, transformations and assimilations to the corresponding stages of development which have been made by the patient.[5] There is no need to emphasize the point that this process takes place by means of a series of innumerable and constantly-repeated small steps. In this way the conscious ego extends its sphere of power over parts of the id

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[5] It is quite likely that we shall one day have definite evidence of the existence not only of an analytical history of the defence which the ego puts up against its three dangers, but also of specific defence-forms for certain stages of life. In other words, there may be an evolutionary series of defence-mechanisms as well as a series of forms of modification which is constantly present in every phase of life. If this is established, one could regard ego development as analogous, at least in this respect, to instinctual development, and could picture the possibility of fixations of certain defence-forms and of regressions to old methods of defence having taken place or of those methods having been worked over or superimposed upon in earlier or later stages of their development.

which were previously unapproachable, and subjects them to its co-ordinating synthetizing activity.

How can anxiety be resolved, defence loosened and pathogenic defensive-mechanisms replaced by adequate methods of working over ? Defensive-mechanisms are resolved as a result of various causes. (1) If the material that has been warded-off in childhood becomes unimportant to the ego ; for in that case there will be no need to ward it off (e.g. incestuous wishes). (2) If the warded-off material is accepted ; for in that case, too, defence against it will be superfluous (e.g. genital tendencies). (3) If it becomes evident that defence does not serve its purpose (e.g. projection of instincts and affects, struggles against instincts directed to the external world, repression, denial, regression, etc.). (4) If the defensive form itself is rejected by the ego from any other motives (e.g. because it is a primitive form). The same is true if the defensive form itself is genetically dissolved, i.e. if it is reduced to material that is contradicted or devaluated.

Ego-anxiety is reduced analytically by making conscious its present-day and its infantile sources and by demonstrating its unreal character. This is achieved by a confrontation of its infantile and its present-day determinants. Anxiety is reduced in a pedagogic way (1) because of the rôle which the analyst assumes as a protective authority and a source of security, and as one who bears the responsibility, (2) because the fear of punishment is eliminated in connection with transference, (3) because reason, experience and morals, etc., are directly appealed to.

In these efforts of analytical therapy we are assisted by certain forces to which we shall now direct our attention. The patient's wish to be cured comes in here. That part of his ego which has remained intact rejects the illness and its causes. This wish for health contains rational and irrational components, both of which are used in treatment in order gradually to dissolve the irrational ones (Nunberg). The recuperative powers which underly the wish to be cured are the ego's self-preservative trends.

The ego's actual recuperative power lies in its synthetic function, i.e. in that central function of regulation, adjustment and unification which characterizes the activities of the conscious ego. This also includes the active tendency of the ego not only to maintain its own laws of being, but also to extend its sphere of power and to impose its attitude and methods of modification as against the influence of ego-dystonic material. As Wälder says, ' it assimilates the external world

as well as the ego-dystonic institutions into the organic growth of the individual'. These active ego-tendencies of integrating and assimilating are, perhaps, the most important foundations of cure. We can assume their existence and need neither seek to evoke them nor to change them.

The same activity is working in unconscious defence-mechanisms as in dreams during the lowered state of the ego, in which the dream material is subjected to censorship and secondary elaboration. This assimilating tendency of the ego is therefore not only working as a curative force, but also, and primarily, as an inhibiting tendency, which at first resists analytic treatment and cure. For, after all, the defence-mechanisms, too, have their origin in the assimilating dynamics of the ego, even though they may be regarded rather as unsuccessful attempts on the part of this organizing tendency. In so far as the results of these inadequate attempts of defence reach consciousness they have been subjected to a further modification and have been inserted into different connections. The resolution of these modifications, like the loosening of unconscious defence-forms, at first counteracts the integrating force of the ego and calls out the full extent of its resistance. Anna Freud has clearly shown this difference between the id-trends which work in the direction of cure and the ego-trends which oppose the making conscious of defence. But the continuous process of making conscious the unconscious parts of the defensive conflict mobilizes the synthetic function in another direction as well. This function does not only assimilate id-elements which have been made conscious, but also keeps at a distance the defensive forms and the contents which have been warded-off. All affects, defensive forms or instinctual impulses which have been made conscious and are opposed by the ego or the super-ego are experienced, in a certain sense, as alien to the ego; the effect of making them conscious is that the solution which had previously been found, and which could be maintained because it remained unconscious, has now to accord with the central aims and attitudes of the conscious ego. In so far as it does not do this, a tension arises between the centrally-steered conscious ego and parts of the conflict which have been made conscious. As analytical activity upholds this enlarged state of consciousness, the tension does not lead to a casting out from the ego, as it did before, but to a relinquishing of the old forms of solution and to a search for new ones which shall be adequate for the central ego, and finally to their consolidation. The synthetic function is, therefore, in a certain sense, the basis of an

objectivisation of rejected parts, just as it is the basis of an assimilation —with the help of new forms of solution—of instinctual impulses which have been duly changed and are no longer taken exception to.

The synthetic function does not, it is true, effect everything, particularly in the first phase of analysis. Analytical procedure, in the narrow sense of the word, is intermixed with pedagogic influences which alleviate anxiety, weaken defence, strengthen the rational ego, etc. All these influences do not represent the essence of the analytical process ; they are only of a provisional nature and are intended to be replaced by the results of genuinely analytic methods. At the beginning of treatment analytical therapy makes use to some extent, as Nunberg has already emphasized, of entirely different mental forces from those with which we conduct analysis at later stages and on which the results achieved are built up. No doubt, however, these pedagogic influences are partly preserved as such and contribute in practice to the attainment of analytical success.

What is the attitude of the patient that enables us in analysis to appeal continually to him in a pedagogic way ? Apart from factors of transference, which need not be discussed here, we encounter a certain attitude which can also be taken as a natural tendency towards recovery. This attitude may be called, in terms that are illustrative rather than explanatory, ' biological sense ' or ' biological thinking '. These terms do not, of course, imply the existence of any intellectual processes, but of certain aims which are fundamentally common to all human beings. Under this heading come a tendency to recognize the requirements of reality, a capacity for experience, a sense of what is expedient, a higher valuation of the object-relationships as compared to other relationships of the libido, an inclination towards a social environment, etc. In spite of all differences between individual personalities, this ' logic ' of biological ' instincts ' is common to a smaller or larger extent to all of them in a more or less latent form. Perhaps one can say in general that the natural forces of cure which are active in ego and super-ego have their source in this ' biological sense '.

In all attempts at a theory of cure the concept of the strength of the ego plays a constant part. It is a concept that concerns relations : it measures the comparative strength of certain forces—those of the ego and of the id-impulses in especial, but also those of the ego and the super-ego or the external world. It is not easy to define the concept of ego-strength more precisely. In fulfilling the often contradictory

demands of id, super-ego, and external world, a strong ego will predominantly obey its own aims and conditions. In any case a strong ego, in contrast to a weak one, is characterized by a certain kind of behaviour at moments of danger which differentiates it from a weak one. It is not only able to bind the quantities of stimuli which break in on it—that is, to effect counter-cathexes, but it can also, I think, at the moment of external danger, raise the cathexis of certain important functions, such as the function of perception, reality testing, critical judgement, etc. At the same time the motor apparatus becomes tense, possible attempts at solution are alternatively examined, and so on.

The ego of the patient which is the main object of the therapeutical influence of analysis is the weak ego, the ego which was defeated in childhood by the dangers that threatened it ; whereas the strength of the grown-up ego, which has remained untouched by disease, may be considered as a supporting factor of cure. This part is constantly being strengthened by the effects of analysis. The ego is obviously better able to meet situations of danger, in the manner described above, if it is uniform, i.e. without contradiction in itself. By giving its uniformity back to the ego we increase its ability to defend itself adequately against the dangers that threaten it from the three quarters upon which it is dependent.

After making a short examination of the relevant part of our analytic procedure I have tried to discuss the changes which we expect from the operation of that procedure, and finally to enquire into the natural tendencies which help cure and support our analytical efforts. Since, in the interest of clarity, it has seemed advisable to examine the changeability of the three psychic institutions separately, what I have said may have been in many respects one-sided. But this fault attaches to it, I think, only in so far as it is a description of events and not as a general view of the state of affairs. From the outset, this view was not intended to do more than put together those known facts and assumptions which are suitable to be the basis of a general theory of cure. Obviously such an enterprise is bound to be to a certain extent incomplete ; and almost every point that has been mentioned requires to receive a wider and more detailed discussion.

UNCONSCIOUS FUNCTIONS OF EDUCATION [1]

BY

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It is good scientific practice to open a symposium with a simple definition of terms. Unfortunately in the case of education there can be no such definition. It is bound to vary in accordance with the psychological views of the symposiast. For example, the definitions accepted by most academic bodies are partly descriptive and partly psychological. But the psychology concerned is a conscious, almost academic, psychology. When psycho-analysts come to consider the problem of education these definitions are quite inadequate. Before defining the term they must subject it to a process of decomposition (in other words, analyse it) : and in the last resort they must be ready to *interpret* it. They must interpret the various components of the process, and on the basis of these interpretations attempt to characterize the total activity.

This is only another way of saying that while psycho-analysis is entitled to take over the term ' education ' (indeed *must* recognize it as a form of mental mechanism) it is bound to attach a deeper significance to it. This deepening process is amply illustrated throughout the history of psycho-analytic terminology. Take the case of ' repression '. Originally borrowed from common language, because of its conscious (topographic and dynamic) implications, the word was given a scientific twist by means of which it could be used to represent an unconscious mental mechanism. The same is true of terms such as ' projection ', ' displacement ', etc. But in all these instances analysts and, although to a lesser extent, non-analysts are aware of the special usage. In the case of ' education ' even psycho-analysts are not fully aware that the term although applicable to a conscious volitional process is also a ready-made label for an unconscious mental mechanism, or, as the case may be, a combination of unconscious mental mechanisms. Confusion must inevitably arise from this special usage, just as it arose in the case of the term ' sublimation '. But that cannot be helped. The comparison with sublimation is also apt in that sub-

[1] Introduction to a symposium on ' Psycho-analysis and Education ' held by the British Psycho-Analytical Society, May 8, 1935.

limation, too, includes a number of unconscious component mechanisms which have become fused to give the impression of unitary function.

Now it has frequently been remarked, more particularly by analysts, that education seems in many instances to be a form of open inhibition. The evidence in favour of this view is indeed overwhelming. From first to last the ' Don't ' of education is as emphatic as the ' Do '. Yet as I have suggested, even amongst analysts the view that education is an *unconscious* mechanism (or mechanisms) serving amongst other purposes the purpose of *unconscious instinct inhibition* is rarely emphasized. This is due I think to the fact that analysts have not yet assessed exactly the inter-relations of endopsychic (central) and environmental factors in mental development. Having established the extreme importance of unconscious factors in, for example, symptom formation they have a natural anxiety lest the traumatic effect of a bad early environment or the prophylactic effect of a loving environment should be over-emphasized. The result is that they tend to isolate environmental influences, i.e. distinguish them sharply from endopsychic influences. Education being obviously environmental, they are disinclined to think that it can be anything else. Yet even if it were purely environmental it could still be manipulated (exploited) by unconscious mechanisms. This has been demonstrated amply in the case of projection mechanisms. In the case of projection, the child seizes on true environmental conditions and exaggerates them in some way to suit its own unconscious purposes. Indeed we might say that since the unconscious conflicts of the educator and those of the child are partly identical and partly complementary, the educational policies of the former must be a constant temptation to the child. They cry out for manipulation.

The curious situation then arises that analysts, in their anxiety over environmental factors, may come to neglect one of their own important discoveries, viz. that concurrently with the application of environmental influences in education, the individual is, to put it quite simply, unconsciously educating himself. Education from without can act as a displacement or projection of unconscious self-education and ends by becoming a screen for it. The distrust of conscious self-education exhibited by the educator is a measure of this screening function. There is some reason to believe that most problems in infantile conduct can be solved by refraining from pointed attempts to educate the infant, i.e. by leaving it to the child. The best example is undoubtedly the unnecessary system of training in cleanliness.

To approach the problem of education more systematically it is necessary to enquire what in fact is being educated. At this point individual preferences begin to assert themselves. Some have a preference for thinking that education is directed at the ego (including here, for the moment, the super-ego). Others prefer to think that education is a process directed at instincts. Strictly speaking, a satisfactory approach involves combining these different points of view. Yet it is convenient to deal with them separately.

If we consider education from the point of view of instincts, it is clear that we must distinguish between the methods used for different instincts. Accepting the customary subdivision of self-preservative, sexual and aggressive impulse, it seems obvious that from the first, education makes a good show of training self-preservative impulse. In so doing it harnesses the mechanism of displacement in order to provide more immediate and effective adaptation. Reading, writing and arithmetic serve useful purposes in checking the grocer's bill, and so expand the range of simpler nutritional drives. In the case of aggressive impulse the mechanisms of displacement and substitution are also brought into play, but from the earliest phases they are reinforced with other mechanisms. Every variety of prohibition or inhibition or precipitation of guilt feeling is employed by the educator to stem aggressive urges. The same may be said of primitive sexual impulses. The educator makes strenuous efforts to achieve their displacement, but at the same time subjects them to extreme forms of inhibition. It is to be noted, however, that the plan of encouraging displacement of sexual impulse in the sense of promoting sublimations is not quite so deliberate and open as in the case of aggressive impulse. It is often admitted by the educationist that he encourages physical and intellectual activities not merely for adaptation's sake, but to use up what he might call 'animal spirits'. But except in the case of pubertal education he rarely admits that his quarry is sexuality. And in fact except at puberty he seldom realizes the aim of his educational thrust. At this point it is easy to see what is actually the unconscious function of education. As practised and preached it is to a very large extent an inhibitory process covered by systems of rationalization. Like all systems of rationalization it offers a part truth to conceal a whole truth. It stresses the adaptation value of its processes to conceal their unconscious inhibitory intent.[2] From the beginning,

[2] In this respect education shows an affinity with repression. The efficiency of repression depends on anticathexis: i.e. '*this* is what you

aggressive and sexual impulses have been modified by a series of unconscious mechanisms, projection, introjection, repression, displacement, reaction-formation, sublimation. This constitutes self-education. From the begininng education affords a good deal of ' cover ' for these defences, at the same time acting as an auxiliary to them. At the school age it steps boldly into the foreground, substituting extra-familial for parental rationalizations.

Having roughly distinguished the educative procedures with different instincts, we must note that conscious education of one instinct may contribute to the unconscious control of another. The displacements necessary to develop self-preservative impulse, for example, act to some extent as a counterpoise to the anxieties caused by projection of aggressive impulse on external reality, and to that extent allow a constant amount of projection which is in effect anxiety-free. They do this by increasing our experience of true external reality. The more we know of practical botany and of bacteriology, the better the quality of our salads and the less likely we are to catch typhoid from eating them. But the safer we are in this respect the more easily can we indulge mild ' poison phantasies ' due to the projection of unconscious aggressive impulse. Similarly the displacements effected by sublimation of sexual impulse, aided and abetted by processes of education, act as a reinforcement of self-preservative impulse by increasing our range of knowledge. Our infantile sexual interest in the ' primal scene ' may become partly sublimated in an interest in the growth of plants or bacteria. And this concern with practical botany and bacteriology will no doubt improve the quality and increase the wholesomeness of our salads. Even more interesting are the situations where owing to the variety of instincts concerned the *unconscious* aims of education *defeat* the *conscious* aims. Perhaps the best example is that of the impulses of sexual curiosity. Here the unconscious aim of the educative process might almost be called hypocritical, viz. to aid in stemming curiosity by the offer of substitute information. As we know, the effect of this manœuvre in some cases is not only to stem direct forms of sexual curiosity, but to inhibit the substitute forms of aimless questioning to such an extent that the individual is unable to exploit the ordinary self-preservative aims of curiosity.

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are concerned with, not *that* (repressed) idea '. The educator says, ' we are teaching you to do *this* ', but omits to add ' we don't want you to do *that* (repressed) thing '.

The view that education is an unconscious mental mechanism brings with it certain responsibilities. Education is easy game for the critic. It is the habit for each generation to pillory its inadequacies, and critics are rarely mollified by the moral and biological rationalizations of the pedagogue. The fact is, however, that, in the sense of mental defence, effective education is no more to be criticized than effective repression. It is unsuccessful repression and unsuccessful education that call not so much for moral criticism as professional attention.

And here we come to what I imagine is an issue worthy of discussion, viz. whether psycho-analysts are in a position to say what constitutes unsuccessful education, or for that part successful education, or whether they must fall back on a purely empirical (professional) valuation. Other cognate issues are : whether if they do know, they are able to communicate this knowledge to pedagogues in an effective form : or again whether it would make much difference to the outcome of individual upbringing if they did know and could communicate the knowledge. To be able to answer these questions we must have a fairly exact measure of our powers of directing impulse, of substituting one mechanism for another, and of the effect, favourable or otherwise, produced by such efforts. And it seems to me that in order to decide these points we must have a good deal more information than we already possess.

The second or ego aspect of education requires equally close discussion, but as this has been given more attention than the instinctual aspect I do not propose to do more than refer to a few main points. First of all we have to consider the basic identifications or introjections which render the ego amenable to educative processes of whatever sort. An adequate discussion of this point would involve summarizing the whole of our recent researches into ego structure, particularly those ego differentiations occurring during the first two to three years of life. Even so, it would scarcely be complete without a parallel assessment of the educative function of projective systems in the ego. The next step is more within our present scope : to consider the type of energy which best promotes the formation of educable identifications. There seems to be good reason for assuming that libidinal energies are pre-eminently suitable in this respect. This is only another way of saying that education through love (either because of its direct effect or through reduction of anxiety) is the most suitable system. For many years now we have recognized that the process of ' libidinization ' helps

to counter crude anxieties. But we are much slower to observe how much and how unobtrusively it oils the wheels of existence. We cannot escape from the conclusion that particularly during the earliest years the actual amount of (non-ambivalent) love afforded the child by parents and substitutes determines to a large extent the infant's amenability to the more painful and inevitable varieties of education (i.e. instinct modification).[3]

Finally we have to consider the subdivision of identifications in accordance with their reality and moral aspects respectively. This brings us to the central problem of the super-ego. Around this central problem cluster all those issues about psycho-analysis and education with which we have been made familiar in the past, e.g. how far moral drives persist in psychotherapy and pedagogy respectively. I would only add here one general consideration. The old issue of endopsychic *versus* environmental factors in super-ego formation is by no means a settled one. It is true that for some time in this country the environmentalists have had to hide their diminished heads. But as I have pointed out before, this is only a swing of the pendulum. Further researches will almost certainly produce a swing in the opposite direction although the age-period at which these researches will be directed will be a much earlier one than heretofore. In this one respect I am rather pessimistic about the outcome of present-day discussions on education. I personally believe that our researches on child development are still in their infancy, that the degree of merging of true endopsychic and environmental influences in super-ego and ego formation has not been ascertained. But I suspect that for many reasons this merging will be found to be very extensive. Until this transitional phase has been examined thoroughly and its realistic and unrealistic components isolated, I fail to see how we can be very dogmatic about the relations of psycho-analysis to education. I can well imagine that we may discover an early phase of development the characteristics of which will blunt very considerably those sharp distinctions between the processes of psycho-analysis and pedagogy which we have been in the habit of making. It will help us to maintain some perspective in the matter if we keep in mind that education (however rationalized) is itself one of a series of unconscious mental mechanisms.

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[3] In a recent issue of this JOURNAL I was taken to task by a reviewer or publishing views on the significance of love in bringing up children before these views had been discussed in the Psycho-Analytical Society. The above passage, amongst others, must have escaped his memory.

FURTHER OBSERVATIONS ON THE CLINICAL PICTURE OF 'PSYCHOGENIC ORAL ASPERMIA'

BY

EDMUND BERGLER

VIENNA

In a paper entitled 'Some Special Varieties of Ejaculatory Disturbance not hitherto described',[1] I drew attention to a certain clinical picture which displays the following complex of symptoms: the patients are capable of erection but never achieve ejaculation, in spite of long-continued friction in coitus. On the other hand they have pollutions and masturbate at times with ejaculation, which is also sometimes induced by manual friction by a woman. Total absence of ejaculation is confined exclusively to coitus. In my paper I described a specific clinical picture, distinct on the one hand from the familiar anal form of absence of ejaculation and, on the other, from the urethral variety [2] of this psychogenic aspermia of which I have already given an account. The essential characteristic of the variety which I have isolated is that it is orally conditioned. I called this disturbance 'psychogenic oral aspermia'.

I showed that the cause of 'psychogenic oral aspermia' lay in the patient's incapacity to surmount the 'breast-complex', i.e. in the stage of pre-œdipal fixation to the phallic mother. In our joint work 'Der Mammakomplex des Mannes' [3] Eidelberg and I explained that, normally, children master the trauma of weaning by reproducing

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[1] This JOURNAL, 1935, Vol. XVI.

[2] The urethral form is connected with traces of enuresis. For the genesis of enuresis I would refer the reader to my account of several cases: 'Zur Psychoanalyse eines Falles von Prüfungsangst', *Zentralblatt für Psychotherapie*, 1932; Sections II and III on 'Ejaculatory Disturbances', to which reference is made above; and, finally, Case II (writer's cramp) in 'Der Mammakomplex des Mannes', the joint work of Eidelberg and myself. This last paper contains references to the oral stratum in enuresis. Special mention must also be made of H. Christoffel's recent interesting works on the problem of enuresis: 'Zur Biologie der Enuresis', *Zeitschrift für Kinderpsychiatrie*, 1934, and 'Harntriebäusserungen, insbesondere Enuresis, Urophilie und Uropolemie', *Internationale Zeitschrift für Psychoanalyse*, 1935.

[3] *Internationale Zeitschrift für Psychoanalyse*, 1933.

actively what they have experienced *passively*, in accordance with the unconscious repetition-compulsion postulated by Freud. From being the passive recipient of his mother's milk the child becomes the active bestower of urine (later, semen). The purpose of this reversal is that he may free himself psychically from the trauma of weaning and preserve the infantile fiction of omnipotence which was jeopardized. The narcissistic mortification suffered in this very early period continues to act as a stimulus in his unconscious throughout life : even in the coitus of normal men we can detect traces of this attitude. Through identification with the phallic mother the man, in the sexual act, puts the woman into the place of the child,[4] i.e. of himself in an early stage of development. Ejaculation is equated with the jet of milk and acquires the unconscious significance of a ' magic gesture '. Thus in coitus we have once more the active repetition of a passive experience, namely, that of the infant at his mother's breast. If the individual fails thus ' normally ' to surmount the ' breast-complex ', the penis retains the significance of the breast and a symptom (e.g. pseudo-debility, writer's cramp) is substituted for the unresolved (breast-)complex ; or the patient's adherence to the phallic breast may manifest itself in a perversion (the practice of homosexuality, passive urolagnia, passive coprophemia). Such persons regard the vagina as not simply an organ for the reception of penis and semen but as a castrated and, at the same time, a castrating organ : it reminds the subject of his own mouth, from which the breast was withdrawn in weaning, and also of his aggressive acts directed against the breast

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[4] In ' Übertragung und Liebe ', *Imago*, 1934, Jekels and I went a step further, maintaining that coitus is at bottom a *narcissistic* activity. We are convinced that the object-relation which is generally stressed is not the final decisive factor in the situation : by means of identification with the object the individual reproduces his own experience as a sucking infant. We showed that the desire to be loved is derived from the desire not to be separated from the mother's breast with its unfailing flow of milk. But it must be noted that this longing is not really directed towards the object—the breast of the mother—but rather represents a narcissistic attempt at a restoration, for that which is longed for is the breast, still perceived as a part of the self. This ' cardinal error of the suckling ' as to the ownership of the breast which bestows milk leads, in our view, to narcissistic attempts at recovery in the process of object-cathexis and love. For the union of tenderness and sensuality in love see S. 25 ff. of the above work.

before and during weaning. All these patients show a vehement hatred of the mother, conceived of phallically, and, further, oral character-traits, reactions and compensations. Their Œdipus complex never reaches the ' normal ' intensity, being quantitatively diminished through the domination of the phallic mother-fixation. Their interest in the breast is repressed and we observe in them an accentuation of secondary narcissism and of the tendency to identification.

Following this line of thought about the ' breast-complex ',[5] I gave it as my opinion that one of the possible results of a failure to surmount the pre-œdipal, oral mother-fixation is total absence of ejaculation. The penis refuses to perform its normal function : from motives of revenge on the woman, identified by the patients with the phallic mother, ejaculation (= milk = urine) is entirely absent. For in ejaculation they should do psychically precisely that which they assert that the ' castrating ', phallic mother refused to do for them as lavishly as they wished, namely, to cause a fluid to flow from the breast (= penis) into the mouth (vagina).

At the present date (October, 1935) two years have elapsed since I wrote my first communication on psychogenic oral aspermia. In the meantime I have had the opportunity of analysing four more cases of this type and of observing developments in the two first patients whose cases I described in my earlier paper. I have had repeated confirmation of the inference which I drew from the ' breast-complex ' : at bottom, these patients want to ' get something ', whereas in ejaculation they should ' give something up ', and the resulting disturbance is due to revenge on the phallic mother and their incapacity to reproduce actively what they have experienced passively. Further analysis, however, brought to light a number of other points, which it is my intention to communicate in this paper.

To begin with : the two patients whose cases I briefly described in my first paper became, and have remained, normal. In that paper I used one case to illustrate my thesis (Case (*b*) of Group II) [6] and I also

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[5] Fenichel misunderstood what Eidelberg and I meant by the ' breast-complex ' and objected that we were denying the existence of biological bases for the libido. (*Internationale Zeitschrift für Psychoanalyse*, 1934, S. 486.) It would seem superfluous to point out that we never put forward any such ridiculous proposition. We were speaking merely of the psychic superstructure on the biological foundation.

[6] This JOURNAL, 1935, Vol. XVI, p. 88.

made reference to a patient suffering from pseudo-debility, whose case-history I had already published.[7]

I wish now to add some remarks on the case which I took as an illustration, that of the patient suffering from erythrophobia. In the final sentence [8] of my account of this case I was careful to say: ' External circumstances prevented the conclusion of this analysis '. My reason was that the patient had to break off his analysis because of circumstances relating to his business, and I doubted whether the work done so far would be sufficient: indeed, I hardly thought it possible for so deep-seated a disturbance to be cured at all. This scepticism turned out to be unfounded. After breaking off the analysis the patient visited me, at first once a week and then once a month, and, after a time, he told me that he was achieving ejaculation. At first, however, it was, as he ironically added, a ' deaf-mute sort of ejaculation without orgasm '. What he meant by this was the remarkable fact that ejaculation took place in coitus but that he neither felt it nor experienced orgasm. He could convince himself that it had occurred only by the subsequent evidence of his eyes when he saw the semen, or by what his partner said. He told me that the ' first semen-feeling ' was perceptible but not the second, which is associated with involuntary muscular contractions. According to his partner the ejaculation took place in jerks. He used the following simile to describe his condition: ' Imagine that, before urinating in the water-closet, you feel the fulness of your bladder and then, when, actually passing urine, you feel nothing and finally see the urine that you have passed in the lavatory-pan. It is only from its presence there that you conclude that you have passed it without feeling it. All that you actually experience is a sensation of fulness in the bladder before urinating and afterwards a neutral sensation of relief from tension '.

I began by assuming that this phase of ' unperceived ejaculation ', which struck me as most remarkable, indicated an hysterical refusal to recognize the fact of oral ' surrender ' or a denial of it. I took it, that, as a result of the work done in analysis, the unconscious part of the patient's ego could no longer maintain the former state of total

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[7] ' Zur Problematik der Pseudodebilität ', *Internationale Zeitschrift für Psychoanalyse*, 1932. Cf. also Case III in Eidelberg's and my joint work: ' Der Mammakomplex des Mannes ', *Internationale Zeitschrift für Psychoanalyse*, 1933.

[8] *Loc. cit.* p. 93.

aspermia but that he still could not ' yield up ' the ejaculation. This ' unperceived ejaculation ' was, I thought, interpolated as an intermediate stage between his first condition and final cure, but I could not explain this phase by the interpretations I had so far given ; it became intelligible to me only as the result of experience with another patient. To anticipate my conclusion : it was a case of unconscious inhibition of the patient's own aggressive impulses, ejaculation being equated with killing, *bursting* the woman and being burst himself. The effect of this interpretation after some months was that the patient gradually came to *feel* ejaculation and to experience normal orgasm. At the present time he is practically cured, except for the fact that he indulges in active, more or less disguised, sadistic beating-practices of which his partner is the object.

Case A.—I made the discovery of the prominent part played in this ejaculatory disturbance by the phantasy of bursting and being burst, when I was analysing the following case.—An analyst of high standing, who had read my paper on ejaculatory disturbances, sent me a patient, a man of thirty-four, whom he had been treating for the past three years and whose analysis he was now obliged to break off for external reasons. When he began his analysis with my colleague, the patient had been married four years and, with the exception of a few unsuccessful attempts at coitus, he had not had any sort of sexual contact with his wife. The failure was due to his incapacity for erection and to his wife's indifference and repugnance to sexual activities. After four years he decided to be analysed, because both husband and wife, although they had no desire for intercourse, were very anxious to have a child. My colleague told me that analysis revealed first of all the patient's Œdipus fixation and consequent castration anxiety. After only six months of treatment he became capable of erection and ' from a sense of duty ' he utilized his potency for the defloration of his wife and a few attempts at coitus, but ejaculation was invariably totally absent. Moreover, the impulse to perform coitus, in itself but feeble, died out completely, so that, from the seventh month of analysis to the end of the third year, he was incapable of sexual intercourse. My colleague said that, in spite of two-and-a-half years spent in working through the analytic material, the analysis ' stuck ', for reasons which were not apparent. After reading my paper, however, he surmised that the ejaculatory disturbance had an oral genesis and in the final sessions before the analysis was broken off he indicated this to the patient.

The continuation of the analysis with me provided abundant confirmation of his conjecture : oral hatred of the pre-œdipal mother occupied the foreground. This explained why, after only six months of analysis with my colleague, they had been able to record a partial success : the phallic element in the disturbance of potency had been overcome by correct interpretation and the working-through of the Œdipus complex. Of course it was impossible for interpretation of the phallic and anal elements in that complex to loosen the underlying oral fixations of the pre-œdipal period. The demonstration of the ' breast-complex ' made a very strong intellectual impression on the patient, but he very soon rid himself of it and skilfully countered my interpretation of orality with my colleague's interpretation, which laid stress on the Œdipus complex. In this the patient was manufacturing a non-existent contradiction, for the material belonging to the one complex was but superimposed on the other in his mind. This fierce resistance to the interpretation of orality struck even himself as suspicious. In his arguments he constantly recurred to the Œdipus complex and made merry over it, saying ironically that, in spite of an analytic interpretation extending over three years, he really had nothing against it. A dream which he had during this phase illustrates his attitude :—

He was in a tram with his wife. Suddenly he heard a newspaper-boy crying a special edition. He got out, bought a paper and threw it away in a fury when he found it contained nothing of any interest whatever. Wishing to go on with his journey, he got into a motor, and the driver, instead of taking him to my house, persisted in going in the opposite direction. . . . The patient added that the place where he got out was the very point at which his uncle had met with a fatal accident.

The boy selling the special edition was a mocking reference to the second analyst : the patient knew about my paper, which had caused his first analyst to send him to me. The statements which I there made were treated ironically and nullified by means of an allusion to the Œdipus complex : he got out at the place where his father's brother died. His ironical suggestion to me was : ' You had better pay attention to my wishes for my father's death, which have made me ill, and not bother about your stupid " new discoveries ", which have as little in them as a fraudulent special edition, the only object of which is to lure people to spend their money '. Nevertheless it was clear that his conscience was reproaching him with wanting to shirk the analysis

owing to resistance, an accusation which he refuted by pointing out that he *wanted* to have coitus with his wife (riding together in the electric tram), acquitting himself ironically with the reflection : ' it is not my fault if the driver (= physician) always takes me in the wrong direction '. So it is the analyst and not the patient who is to blame for insisting on unimportant interpretations and making the second analysis (as the patient expected) a failure. He thus succeeded in refuting the accusation of his conscience : ' You want to give up the analysis because of the oral interpretations ', and in fulfilling the wish of his id, namely, to escape from analysis, i.e. to retain his infantile oral wishes for vengeance. In fact, the dream represented a wish-fulfilment.[9]

I have discovered (and have found my discovery constantly confirmed in my analyses) that the ' residue of the previous day ' represents not only the masking of unconscious wishes from the censorship, but also the unconscious accusation which the dreamer's conscience is at that time making. Those who, like myself, have realized this double function will be puzzled at two apparently banal elements in the dream I have quoted : the ' motor ' and the ' particular place ' at which the patient got out. We are led to conclude that these elements conceal a latent reproach of conscience, for it could not fail to strike us as remarkable that the patient confessed so openly his wish to kill his father, even when we take into account the tendency to divert attention from other material. *Qui s'accuse—s'excuse* : this is a truth which is evident in all ' genuine ' books of Confessions[10] and it is

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[9] I do not here propose to discuss the notion that dreams ' run on double rails ', but I would refer readers to the paper read by Jekels at the Lucerne Congress, and entitled : ' Triebdualismus im Traum ' (*Imago*, 1934). We find there the theoretical argument for the statement that the ' residue from the previous day ' does not merely serve to mask unconscious wishes from the censorship but also represents, directly or symbolically, the unconscious accusation which the individual's conscience is at that time making. In the dream recorded above, all the day-residues correspond to such unconscious reproaches. For example, an actual experience with the seller of a special edition represents in the dream the accusation of oral aggression which his conscience was making and which I had interpreted.

[10] In his *Confessions* Heinrich Heine makes fun of all confessions in book-form, and says about Rousseau : ' For instance, I am convinced that Jean Jacques did not steal the ribbon which caused a chambermaid to be

applicable here. Actually, the element ' motor ' contained the gravest possible accusation of conscience against the patient's ego, for, in analysis with me, after quite a short time, it became clear (much to his surprise) that the transference in his first analysis was by no means simply a father-transference, as appeared at first sight. He projected on to his first analyst, during three years of treatment, above all, his unconscious phantasy of the bad, phallic mother. In a manner typical of ' oral pessimists ' he put the mother in the wrong in the most sweeping fashion, deriving from every injustice which he experienced, i.e. phantasied, the right to commit fresh aggressions and thus establishing a vicious circle. Although my colleague at first objected, the patient had insisted on coming to his analysis at a quarter to eight in the morning, saying that it was his only free time. He annoyed the physician by making him get up unnecessarily early for this morning appointment, and he himself was always late, a fact which the analyst regularly interpreted as resistance. Now it turned out that the patient took a taxi every time, 'because it was already so late ', although the distance between his house and that of the analyst was so short that in other circumstances he would never have gone to the expense of driving. In a total of nearly seven hundred and fifty sessions he never mentioned this fact, and calmly let the analyst put it to him that it was resistance which manifested itself in his arriving late. The meaning of this behaviour was twofold : (1) he revenged himself on the analyst, whom he deprived of sleep, and gratified an aggressive impulse by ' keeping him waiting ' (a reversal of the childhood-situation with the mother), and (2) he subtly put the physician in the wrong, thus : ' I sacrifice money (the taxi) for you as a proof of love, and, on the top of that, you reproach me instead of praising and loving me '. Therefore (this was the corollary of his unconscious reflection) ' I have a right to be aggressive '. The ' trick ' lay in causing the analyst, who

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unjustly accused and dismissed, costing her her reputation and her situation. . . . Probably there was another offence of which he was guilty, but it was not theft. . . . Nor did he send children of his own to the Foundling Hospital but only the children of Mademoiselle Thérèse Levasseur. Thirty years ago, one of the greatest German psychologists pointed out to me a passage in the *Confessions*, from which it seems certain that Rousseau could not have been the father of those children. The conceited old growler preferred to let himself be thought a barbarous father rather than bear the suspicion that he was altogether incapable of fatherhood. .
(*Heine's Werke*, Ausgabe Bong, Bd. XV, S. 22.)

did not know that the patient was spending money on taxis, always to interpret a proof of love as resistance—a *quid pro quo* contrived by the patient himself by his suppression of material ! [11]

The element ' motor ' was further determined as follows : The first dream which he reported in his analysis with my colleague and which could not at that point be interpreted contained a declaration of his intention to lead the analyst by the nose. This was symbolized by driving in all possible directions in a taxi. Besides this, motors in general played a prominent part in the patient's thoughts and feelings : he was enthusiastic about driving and said that it was one of the few things which he had ' mastered perfectly '. If any of his relatives lent him their car, they were amazed at his assurance. Driving was one of the few ' aggressive ' actions which he consciously permitted himself, precisely because it was not recognizable as aggression.

As the analysis went on, it provided abundant confirmation of the conjecture that, in the transference, the patient was reproducing his relation to the bad, sadistic mother of the pre-œdipal period. For instance, he suddenly remembered that his first analyst used to strike him as being like a spider, sitting behind him and ' lying in wait ' for everything he might say, although consciously he respected and rather liked this physician.[12] When I asked him if he ever told my colleague about this idea, he said : ' No,' explaining that it was only in the second analysis that he became really conscious of it since I spoke to him much more [13] than his former analyst and so this impression did not occur so frequently.

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[11] Asked why he never told the real truth about his coming late, he appeared taken aback and said it was strange that it had never occurred to him to excuse himself thus. He added that he had not kept anything back on purpose.

[12] The dream I have quoted contains a reversal of this situation : the patient sat behind and directed the driver. There are, besides, unconscious, homosexual elements here. Lastly, both the driver and his fare represented parts of the dreamer's personality.

[13] I have more than once pointed out that in analysis one penetrates into the minds of those neurotics who suffer from oral regression mostly by way of ' giving ' words, which the patients unconsciously regard as equivalent to milk. It is only in the later phases of treatment that the correct analytical technique can be applied in such cases. Cf. my works : ' Zur Problematik der Pseudodebilität ', *Internationale Zeitschrift für Psychoanalyse*, 1932, and ' Über die Widerstandssituation : der Patient schweigt ' (to be published in the *Zeitschrift*).

The idea of the ' devouring spider ' (female spiders devour the males after coitus) was typical of the patient's whole unconscious relation to women. When we reconstructed the period of his early childhood we found that he had always thought of his mother as an aggressive, nagging woman, constantly demanding love and interest, while his father was a quiet, rather weak man, under the thumb of his wife.[14] In later years he engaged in bitter conflicts with his mother because of her inordinate demands on her children's love and respect. For example, she expected her grown-up children, who were no longer living at home, to pay her a long daily visit, and when they explained that there were real difficulties, such as the claims of their work, she indignantly declared that they were simply making excuses. As a young child the patient was ostensibly devoted to her, but in reality he attributed to her every possible bad motive. For instance, when a cousin who lived with them as an adopted child had a fall on a climb in the mountains and, sometime later, the patient's mother in quite another connection blamed him and his sister for not caring to climb, he thought to himself : ' Of course, she wants me to have a fall too, simply so that she can brag about how sporting her children are '. At the same time he evidently had pangs of conscience about his own unconscious aggressive impulses against his mother, though these hardly manifested themselves till he reached puberty, as the following recollection showed. At the time of the food-shortage during the War, the family was having meat at a certain meal. The mother helped the meat and the patient had the impression that his portion was ' unfairly ' [15] small and he looked covetously at her plate. She, however, misunderstood his glance and said : ' Don't trouble about me, I have got enough '. This scene is typical and so is the fact that the material for the conflict was oral.

It is not easy in a brief account to convey the impression made by

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[14] It is remarkable how frequently this particular family-constellation is met with in cases of oral regression. It would, however, be quite wrong to conclude that such regression is necessarily so conditioned, for we know that a child's perception of his parents' characteristics is often coloured by the projection-mechanisms of his own wishes and aggressive impulses.

[15] This expression ' unfairly ' was typical of the patient. The formula for his relations with other people was ' They treat me unfairly ' and the corollary was ' And so I have a right to be aggressive '. Of course he himself unconsciously manufactured these ' injustices ' or else he took unavoidable disappointments too tragically.

the patient's outward demeanour. I think I can best compare him with a block of ice. There emanated from him a strange indifference and coldness ; he was silent, rather morose, very correct and entirely inaccessible, and his ' calm ' drove those around him frantic. ' When other people would explode, you are as calm as ever ', his wife used to say to him. She misunderstood this tranquillity, not perceiving the aggression behind it, and she summed up her opinion of him as follows : ' It's no use talking to you '.

Superficially, the patient's ' calm ' was primarily an identification with his quiet father, whose point of view was invariably objective, but it was really a distortion and caricature of this objectivity. It was interesting to note that, even after his oral regression, the patient maintained this attitude, probably because it served so well to embody his oral revengeful impulses and simultaneously his ostensible indifference. The outward tokens of his phallic identification had quite a different significance *after* and *before* his regression. This twofold aspect explained why the patient presented so impenetrable a front and why, throughout his first analysis, the physician regarded him as a passive-feminine, unconsciously homosexual type,[16] and thought that he was producing defence-mechanisms belonging to this phase of development.

The patient displayed the following characteristics which are typical of *all* cases of oral regression :

(1) Adherence to the ' *autarchist fiction* ' :[17] the disappointment inflicted by the phallic mother is reacted to with an obstinate struggle for alimentary and general independence.

(2) An incapacity for the normal attempts at restoring the damaged

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[16] With this oral type of patient the great danger for the analyst is just this confusion with mechanisms of the phallic phase. This is a fatal mistake and results in the failure of the analysis.

[17] In ' Übertragung und Liebe ', *Imago*, 1934, Jekels and I coined the term ' autarchist fiction ' to describe that phase of early infantile omnipotence in which even the mother's breast is perceived by the child as belonging to itself, part of its own body. In our view it is this condition of not being separated from the mother's breast which human beings unconsciously strive after all their lives as the ideal state, and to it we trace the phenomena of tender and sensual love and the relation to objects in general. A detailed account is given in the above paper. I have described the separate phases of the fiction of omnipotence in a paper entitled ' Zur Psychologie des Hasardspielers ', published in *Imago*.

illusion of omnipotence by means of object-relations and love: the sole relation to women consists in an unconscious, aggressive determination to put them in the wrong (that is to say, in *revenge on the mother*) and in an *unconscious, masochistic enjoyment of being unloved.* Secondarily, this relation is extended to everyone with whom the individual comes into contact, irrespective of sex.

(3) The unconscious aim is not to fulfil the wishes but to *perpetuate the disappointments* of childhood.

(4) The result is *' oral ' pessimism*:[18] every situation is unconsciously so arranged as apparently to justify the pessimist's expectations. Through the aggression of others he derives relief from his sense of guilt, and a justification for fresh aggression on his own part —a vicious circle.

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[18] A detailed account of the psychology of the oral pessimist will be found in my paper on Grabbe (*Imago*, 1934) and in my book of essays on Talleyrand—Napoleon—Stendhal—Grabbe. The characteristic points are as follows. Oral pessimism represents a narcissistic protective measure on the part of the ego, for the pessimist guards himself against his particular bogey—the possibility of being duped—by anticipating in thought the misfortunes of the future. It looks as though he had made up his mind to everything going wrong in life, but that which really enables him to bear this tragedy is the narcissistic pleasure derived from having prophesied it correctly. This convulsive ' determination not to be duped ' suggests that the pessimist's infantile delusion of omnipotence must have suffered some specially severe blows in his earliest childhood, for persons of this type are not content with the customary attempts of mankind to recover the lost state of narcissistic completeness. It is precisely this fixation to disappointment which constitutes the morbid feature and renders the patient incapable of the object-cathexis and the love by which normal persons attempt to recover their narcissistic bliss. All this leads us to conjecture that the oral pessimist's prophecies of misfortune are of the nature of polemics aimed at the phallic mother. The formula is something like this: ' I have always known quite well that you do not love me '. By this device the individual himself experiences the pleasure of self-torment and the phallic mother is accused and ridiculed. For, with oral pessimists, it is always she who assumes the guise of ' fate ' and it is only later that fate is personified as a male. This perpetual ' putting in the wrong ' serves a twofold purpose: the individual derives a certain pleasure from his malicious indulgence in unconscious aggression and, by setting up the painful idea of disappointment, he anticipates part of the punishment which he dreads from the super-ego. From these constant

(5) The *deepest wish* of persons suffering from oral regression *is to receive something orally.* The result is that in coitus these men fail to master the breast-complex in the normal fashion by actively reproducing a passive experience, i.e. by ' giving ' instead of ' taking '. This passivity has two sources: (*a*) in the man's aggression against the woman, manifested in the refusal of erection or ejaculation, and (*b*) in his unconscious inhibition of activity because of his immoderate aggression. If these patients engage in any sexual activities at all, the woman has to take the initiative.

In studying the mental processes of our patient let us begin with the technique by which he put in the wrong the woman whom he identified with the phallic mother. The patient had married a virgin with a repugnance to everything sexual. In theory she assented to coitus simply because it was a duty to be ' normal '. The most harmless acts designed to evoke initial pleasure were repudiated by her as ' beastly '. Above all, in intercourse she wanted to play the passive part of a woman who is forced by the man. The patient, on the other hand, expected his wife to take the initiative in coitus and to help him, i.e. to stimulate him manually and introduce his penis into her vagina. Thus it came about that for a whole year he abstained from all sexual activities and said not a word on the subject to his wife (oral stubbornness).[19] He interpreted the fact that she ' gave ' him

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disappointments the oral pessimist derives the justification for his hatred of the exalted mother-imago, pursuing in later life the realization not of the wishes, but of the disappointments of childhood. This comes out very clearly in the case of Grabbe. He had an appointment in the Civil Service, but caused himself to be ' axed ' for no real reason and waived all claim to a pension, thinking that he would live on his wife's money. She was of a miserly and close-fisted disposition, but, although he knew quite well what he had to expect, he deliberately made himself dependent on her, obviously in order to reduce to an absurdity the notion of her ' giving ' anything and so once more to justify his aggressive impulses. His wife refused to help him in any way whatever and desired a separation or at least to annul his interest in her property. One result of his action was that, when he was seriously ill, she was compelled by law to take him into her house.

[19] To show in what detail the patient's aggressive feelings against his wife (of which he was not consciously aware) manifested themselves I must mention a habit of his which was in direct contradiction to his ordinary behaviour as a cultivated man. When lying in bed he would

nothing and refused to seduce him as indicating not merely sexual inexperience but an evil disposition, which led her to refuse from sadistic motives that which he wanted and justified him in letting loose upon her the aggressive impulses whose real object was his mother.

Superficially, it looked at first sight as though all this simply amounted to phallic castration-anxiety due to the Œdipal mother-fixation. Yet one could not but be struck by his determination to force his wife into the rôle of the wicked woman who refuses what she should give and especially by the fact that he did nothing to mend matters. Moreover, the patient's passivity was of a different kind from that met with in unconscious homosexuals of the passive-feminine type, as was apparent in his onanistic practices at puberty. He would fasten various objects, e.g. a toothbrush, a nailbrush, a bath-thermometer, etc., to the *sulcus coronarius* with a piece of string and masturbate by swinging these objects. But he never let himself go to the point of ejaculation. The mechanism was even clearer in another of his habits : he would masturbate by causing a jet of water to play on his penis. (The oral substructure of this phantasy became obvious when he said that he had sprayed water into the urethra by means of a syringe.) The unconscious fiction was : ' I am not doing anything ; I am passive, someone else is responsible '. This fiction enabled him to drive a car and go ski-ing. The idea was that he did not control the mechanism : the ' responsibility ' lay with the mechanism itself.

In the transference he projected on to the analyst the same phantasy of the bad mother who sadistically drains the infant dry. We have an instance of this in his concealment of the fact that he regularly took a taxi to the analyst's house. He continued on the same lines in

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' pick his nose ' to rid himself of the dried mucous secretion, for he always ' forgot ' to take his handkerchief out of his coat-pocket. To save himself the trouble of getting up, he put the moist substance on the right sleeve of his pyjamas and immediately thrust it under his wife's head, as she nestled against him. This mockery of the idea of ' giving ' manifested itself in later phases of the analysis, when the thought of going to see a girl always produced a slight sensation of diarrhœa. Besides anal and oral elements (the restoring of the woman who has been unconsciously swallowed or devoured) this behaviour indicated anxiety and, further, scornful aggressiveness by means of fæces, and insult to the woman by substituting for an ejaculation the degrading form of ' giving ' by defæcation.

the second analysis, but with this difference, that his oral behaviour was interpreted to him. He construed silence on the part of the analyst as a ' refusal to give '. A specially clear instance of this was contained in the following situation. One day, immediately before he should have come for analysis, he rang me up to say that he would not be able to come. During the whole of that day he wove around this incident the following phantasy : I would give the time reserved for him to someone else and he would make a ' row ' because it was not fair. His logical faculty told him that I could do as I liked with my free time but, affectively, his standpoint was that I must wait for him at all costs. Here he was forcing me to play the part of his wife, whom he punished by keeping her endlessly waiting. On another occasion his phantasy in a similar situation was that I would reproach him for not coming at all or for being late. This last phantasy he produced only when he actually had been hindered and it really would have been unjust to reproach him. (Cf. his mother's real behaviour when her children excused themselves from coming to see her.)

It was very characteristic that in his dreams the patient managed to emphasize the malice of the woman who refused to give (the phallic mother sadistically perceived), but always representing her in the situation of having more than enough.[20] The accusation of with-

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[20] The patient reacted to his revengeful impulses by a reinforcement of the autarchist fiction, as is seen in the following dream : ' A scab had formed under his left ribs, and when he scratched it off a third nipple made its appearance '. The interpretation of this dream showed that it contained a reference to the story in Genesis, in which Eve is created from one of Adam's ribs. This expressed his view that the woman was a nonentity, for it proved that he was not indebted to his mother even for his birth ; in fact, on this theory, the position was reversed. Moreover he went one better than his mother in the matter of breasts (= nipples), for he had three of them ! In my paper on Grabbe I mentioned the so-called ' manna-dreams ', which are always based on the wish to be independent of the mother (and later, of the father) for food. In the case of pseudo-debility which I have published, the patient used frequently to dream under a symbolic disguise that he was sucking milk from his own penis and so was independent of his mother. The following recollection is of the same order. When the patient was a boy, he once saw a gypsy-woman suckling her infant. This excited him sexually and subsequently he used often to insert a straw into his penis and put the other end in his mouth. He then urinated and drank his own urine. In my work on

holding what she should have given was the more well-founded and telling since there was no question of her not having enough : it was simply that she was wicked and malicious. The situation of super-abundance, which in dreams generally took the form of the over-flowing of vessels, had two variants. In the first the patient refused to accept the fluid (reaction by means of the autarchist fiction), while, in the second, some external impediment prevented him from receiving it. The latter situation served as an argument to allay his unconscious sense of guilt : ' If the woman is so malicious, I have a right to be aggressive '.

This brings us to the second problem of our patient's ejaculatory disturbance, the factor next in importance to the breast-complex. I refer to the idea of *ejaculation as a punishment.* Unconsciously he had a positively shattering idea of an ejaculation. He thought of it as something *like the explosion of a hand-grenade* which blows a man to bits. His unconscious sense of guilt led him to expect that this would be the result of ejaculation in his own case. Expressed in the terms of the patient's unconscious, ejaculation meant blowing the woman to pieces, and bursting oneself as a punishment for one's aggression. Thus his refusal of ejaculation was not only due to the inhibition imposed by his sense of guilt upon his aggressive impulses against the woman, but was also a kind of self-protection.[21] It was characteristic that in the second analysis, when the twofold aim of his aggression was made clear and he had begun to attempt coitus, a particular type of dream tended to occur, in which the effects of his aggressive impulses were diminished. He now dreamt that hand-grenades (' egg-bombs ') were thrown without exploding, or that he was the only civilian in the war-area and so was not called up, or that he was in a battle and the bullets either missed him or ricochetted harmlessly, etc. These consolatory oral dreams of ejaculation were based on the formula : ' aggression is allowable since it does not necessarily kill '. He thus satisfied the aggressive wish of the id and at the same time refuted the super-ego's accusation of murder.

Cynicism, *Psychoanalytische Bewegung,* 1933, I conjectured that the rigorous frugality in the matter of food, so consistently preached by Diogenes and the Cynics, may be interpreted as an attempt in later life to attain to the alimentary independence of the mother (or later, of the father) craved for in infancy.

[21] This latter also took the form of identification with the woman.

When the patient first attempted coitus, he could not do so with his wife, for she herself was abnormal and unfortunately the whole of his unconscious hatred was concentrated upon her. After the second analysis had been going on for some months, he decided to make the attempt with a succession of prostitutes. The history of the various stages which he passed through was very remarkable. He was invariably capable of erection but, at first, coitus was continued for from ten to thirty minutes without his achieving ejaculation. He would then generally interrupt vaginal friction and cause himself to be manually stimulated until ejaculation occurred. For some months he was able to achieve ejaculation through manual stimulation [22] by the prostitute, but not in vaginal coitus. In the next phase the patient continued coitus until he felt the first sensation of semen. This did not, however, as is normal, intensify into the second sensation which is no longer under conscious control, but spent itself without the occurrence of ejaculation into the vagina. There were other occasions when the patient, who often had no inclination for coitus when actually in bed with the prostitute, caused her to stimulate him manually till the first sensation of semen occurred, when he ' utilized ' for coitus the excitation achieved extravaginally. At first, however, the excitation died away, while erection persisted. The *first* time that he achieved a vaginal ejaculation it was in the following difficult way: vaginal friction was continued for ten minutes, coitus was then interrupted

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[22] To the question of why the woman's *hand* played so exaggerated a part I would make the following conjectural reply. Originally the hand and the mouth were the sole executive organs of the patient's aggression. (In the reversal due to the sense of guilt the hand became an organ of punishment.) At the same time the hand was a symbol for the mouth. It is true that the yielding of the semen into the woman's hand was a caricature of giving, for the fluid ran from it as from a sieve. Possibly the patient took so readily to the symbolic meaning of the hand because it contained no teeth, which would have reminded him of his own aggression. Moreover, the preference for the female hand amounted to an indirect recapitulation of infantile aggression, in identification with the phallic mother: he had wanted to strike her with his hand and now the woman was committing an ' aggression ' upon him, which was in agreement with the idea of ejaculation as a punishment. At times the patient ironically lamented that it was not possible to construct a hand inside the vagina. With reference to the improbable symbolism of the hand for the mouth, see Case II (writer's cramp) in ' Der Mammakomplex des Mannes '.

and sexual excitation was intensified by manual stimulation for one or two minutes, when the first sensation of semen occurred. Coitus was resumed for one minute with intensifying excitation, culminating in the second sensation of semen, ejaculation and orgasm.

The difficulty which I have described was peculiarly hard to overcome : in coitus the excitation invariably died out, in spite of the occurrence of the first sensation of semen and of the persistence of erection. There was no intensification of sensation and ejaculation could be achieved only by means of manual stimulation. Another point was that movements on the woman's part disturbed the patient ; he required his partner to be completely motionless. His rationalization of this requisition was as follows : the prostitute was simply going through a farce of sexual feeling. Though there was a certain amount of truth in this, his real reason was quite different. He wanted to ' give ' the woman no enjoyment in coitus, and any sign of pleasure on her part roused him to ' silent ' fury.[23] At the same time her

[23] The following details show how deeply rooted in revenge on the woman was the patient's attitude. In sexual intercourse he had erections suggestive of priapism, which disappeared only gradually after ejaculation. Evidently the reason for this, apart from the fact that he actually remained unsatisfied, was that his unconscious murderous impulses had insufficient outlet in such aggression as he could perpetrate on the women in coitus. The same was true of the long-drawn-out process of intercourse, lasting as much as half an hour : in phantasy he was attacking the woman, indeed, ' bursting her '. The following are some of the thoughts which occurred to the patient during coitus. ' If I get no pleasure out of it, at least I will see that she is burst to bits.' Again, he asked once during fellatio, ' What happens if it suddenly goes off ? ' referring to the possibility of ejaculation occurring unexpectedly. The double meaning of the words used : ' to *burst* with anger ' and ' a gun *goes off* ' is evident. His craving to obtain something orally continually broke through. Touching the breast of a prostitute, he said ' Very nice, but there is nothing inside ! ' Another time he offered a girl five shillings less than he had paid her the first time they had been together. This made her indignant. ' Yes ', said the patient ironically, ' I shall give you five schillings less every time, and in the end *you* will give *me* something on top of that ! ' I would remind my readers of an interesting device by which the patient suffering from pseudo-debility, whose case I described in my first paper, contrived to get something. He agreed to give a prostitute ten schillings, paid her with a twenty schilling note and *received* ten schillings change. This act had, besides, the significance of a magical gesture.

immobility signified the death which he desired for his partner and corresponded to necrophiliac tendencies in himself.

The stimulus of sexual relations with prostitutes gradually died away and the patient turned again to his wife. But it recurred with fresh force when he began to play off the two women, or two types, against one another—wife and prostitute.[24] On the one hand he degraded his wife to a harlot, and on the other hand he vented his hatred of women in ' playing off one against the other '. In coitus with his wife another disturbance now arose. The patient began to suffer from the same symptom as I noted in Case I earlier in this paper, namely, from an ' unperceived ejaculation ', which in these cases evidently represents a typical passing phase in the analysis. It was only when his wife definitely asserted that he had actually ' spat ' (which was the term for ejaculation used by this sexually abnormal woman) that he could be convinced, by viewing the contents of the vagina, that ejaculation had really occurred. After this, moreover, the priapistic erections disappeared. The patient's analysis is not yet concluded, but my experience in the first case makes the prognosis probable that, after some time, he will surmount the symptom of unperceived ejaculation.[25]

I need scarcely say that the separate phases in the clearing-up of the patient's ejaculatory disturbance did not follow a straightforward course. Relapses, periods of depression, in short, the ups and downs of every analysis were not lacking.[26] At the time of writing (October,

[24] In this there was at bottom a reference to the two breasts.

[25] It has been for me a matter of great interest to try to account for the way in which the patient whose case I described in my first paper and to whom I have referred on pp. 199 ff of this paper passed out of the phase of unperceived ejaculation, apparently spontaneously, and became normal ' without analysis ' of the final phases. I mentioned that he was obliged to break off his analysis for financial reasons and I seldom saw him afterwards. Though he understood it intellectually, this circumstance roused in him an overwhelming effect of hate, and it was the aggressive impulses against me, together with his reaction by a reinforcement of the autarchist fiction, which enabled him to surmount the symptom. I very much doubt whether he would have succeeded but for his four years of analysis and the thorough working-out of his aggression. A more detailed account will be found in ' Über die Vorstadien der männlichen Schlagephantasie ' (to be published in the *Internationale Zeitschrift für Psychoanalyse*).

[26] The following note may give some idea of the complication of the separate phases which I have outlined only briefly here, necessarily omit-

1935), after a year of analysis, there is good evidence of a tendency for the disturbance to clear up. The patient's reaction to his incipient normality has been by no means one of unmixed enthusiasm [27]; at times it has taken the form of marked aggression.

Case B.—A patient aged twenty-five was suffering from inhibitions in his work, incapacity for erection and masochistic abnormalities of character. After a year of analysis he was able to achieve erection, but during the whole of the next year he suffered from 'psychogenic oral aspermia'. The central feature of his analysis was his masochistic phantasies, which were specially remarkable because they revealed a sadistic preliminary phase, of which he was fully conscious, having reference to the *mother's breast.* I have described this oral preliminary phase of beating-phantasies in a paper of considerable length.[28] I came to the conclusion that the sadistic preliminary phase which Freud demonstrated in the beating-phantasies of girls, but the existence of which he only conjectured in the case of boys,[29] does actually occur in the latter. Their aggression has for its primary

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ting a large number of details. In a phase of short duration the patient found, as I have already mentioned, that when he was actually with a prostitute he was disinclined for coitus. He would then lie on his back and cause her to stimulate him manually. The feminine identification is clear and also the reaction to his aggression, by which its discharge was inhibited. But there is yet another point: out of revenge the patient was identifying himself unconsciously with the phallic mother from whom a fluid is drawn off. Here we have gratification of revengeful impulses, of the tendency to passivity and, at the same time, the satisfaction of making a hostile magical gesture—all this with relief from the sense of guilt—'I am doing nothing aggressive!'

[27] A more detailed account is given in my paper: 'Genesungswunsch und Schuldgefühl' (to appear in *Internationale Zeitschrift für Psychoanalyse*).

[28] 'Über die Vorstadien der männlichen Schlagephantasie.' This work was finished in December, 1933, and will appear in the *Internationale Zeitschrift für Psychoanalyse.*

[29] In Freud's 'A Child is Being Beaten' (*Collected Papers*, Vol. II, pp. 195 ff.) we read as follows: 'In the case of the girl there is a first step towards the phantasy (the first, i.e. the sadistic, phase) . . . [this] is absent in the case of boys; but this difference is precisely one that might be removed by more fortunate observations. . . . I am aware that the differences I have here described between the sexes in regard to the nature of their beating-phantasies have not been sufficiently elucidated.'

object the breasts of the pre-œdipal mother and only secondarily, under pressure of the unconscious sense of guilt, is it turned back upon the boy's own person, his buttocks being equated with the mother's breasts. Subsequently, in the Œdipal phase, the active part of beating is ascribed to the father instead of the mother. Masculine beating-phantasies may thus be schematized as follows :

Phase I. Sadistic aggressive impulses against the mother's breasts in the pre-œdipal period.

Phase II. The unconscious sense of guilt causes the aggressive impulse to be turned back upon the subject's own buttocks, identified with the mother's breasts. The beating is ' transferred ' from the mother to the father.

Phase III. In flight from unconscious homosexuality, the beating is once more transferred, this time from the father to the mother.

Phases II and III correspond in essentials with Freud's scheme. The additions which I would suggest are : the occurrence of Phase I and the turning-back of the aggressive impulse upon the boy's own buttocks, in identification with the mother's breasts.

In the case of our patient the explanation of the remarkable fact that he was conscious of his aggressive impulses against the phallic mother's breast was to be found in his masochistic perversion. Evidently he had regressed to the anal phase and belonged to the narcissistic type.[30] He had repressed his impulse towards passive surrender and wish for coitus anally by his father, in identification with his mother and, further, the fact that all his own reverses were felt to be pleasurable only when he himself had engineered them and so gratified his unconscious delusion of grandeur.[31]

In the introduction to the study of Stendhal in my book of Essays [32] I pointed out that, in certain circumstances, some individuals can

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[30] Eidelberg has made a suggestion of great practical importance, with which I fully concur. He says that, in studying the problem of the choice of neurosis, we must consider both the level to which the patient has regressed and the libidinal type to which he belongs. ' Theoretische Vorschläge ', *Internationale Zeitschrift für Psychoanalyse*, 1934.

[31] Cf. Eidelberg's ' Beiträge zum Studium des Masochismus ', *Internationale Zeitschrift für Psychoanalyse*, 1934.

[32] *Talleyrand—Napoleon—Stendhal—Grabbe.* Psycho-Analytical biographical essays. (*Internationaler Psychoanalytischer Verlag*, 1935.) The introduction in question was published also in the *Almanach*, 1936, under the title ' Das Rätsel der Bewusstheit des Ödipuskomplexes '.

retain the Œdipus complex in consciousness. This is known in four particular conditions: schizophrenic psychosis; psychological genius (?); moral insanity; and those cases in which the individual observes the complex in others and, owing to excessive psychic masochism, fails to react with normal repression in relation to himself but refers that which he has perceived to himself for purposes of self-punishment. I would add a fifth condition, not hitherto described. If the inverted Œdipus complex vastly predominates, a situation arises in which the unconscious part of the ego is in danger and there will be a tendency to sacrifice that which is less unpleasant in order to preserve what is more important, though consciously more painful.[33]

Applying this idea to the pre-œdipal period, we arrive at the following conclusion: it is possible to suppose that a masochistic patient, fixated to the inverted Œdipus complex and with beating-phantasies in which the father played the active part, might repress this whole situation. Then, precisely because otherwise he would have to recognize and surrender these wishes relating to his father, he might be fully conscious of the chronologically earlier but dynamically still no less powerful aggressive impulse against the phallic mother's breasts. This ' rivalry between two offences ', of which one is acknowledged, is thus used in aid of the unconscious mechanism of self-deception about one's own wishes.

The patient whose case we are now considering belonged to this type.[34] When I asked him about his beating-phantasies the patient at

[33] Since the psyche operates in accordance with the pleasure-principle, we should not be surprised that in dangerous psychic situations important tendencies, which are normally repressed, are thus sacrificed, as may be observed in analysis. The most commonplace example is the typical situation, familiar to every analyst, in which the patient says at the beginning of the session that he has had two dreams in the previous night and that he can remember the first but has forgotten the second. If, after hearing the first dream, the analyst asks him to give his associations to it, it often happens that the first is, ' Oh, now I remember the second dream ! ' Clearly it would be more painful for the patient's ego to expose the repressed associations than the second dream. On such occasions one of my patients used to speak of the ' pettifogging gains ' extorted by his unconscious.

[34] I admit that I formulated this notion theoretically and did not deduce it from actual experience. I was the more pleased when I found that, in this instance, reality coincided with anticipation. For an account of how I arrived at this conclusion I would refer the reader to my paper on beating-phantasies (*vide supra*).

first declared that he had none. He added, however, that perhaps he ought to mention certain episodes from his school-days, in which he, as head-prefect, had several times protested against boys being beaten by their schoolfellows. It then happened that he had the tragic experience of more than once detecting in himself active beating phantasies. At the very beginning of his analysis it was clear that he identified himself also, and indeed mainly, with the boys who were beaten, though he did not know this consciously. After some time and with great reluctance, he gave me an account of the chronological development of his masturbation-phantasies. When he was three or four years old, these sadistic phantasies related exclusively to his mother's breasts. He had thought out a whole system of subtle tortures. Generally he pictured that his mother was fastened by the breasts to a kind of roller which hung from the ceiling. He stood on the other side and pulled the strings so that the breasts were stretched, his mother was pulled up in great agony and her breasts were finally torn off (cork-drawing phantasy). Or else her breasts were fastened to her feet by means of cords stretched backwards over her shoulders, while her head was pulled forward and also fastened to her feet. That is to say, the breasts were drawn backwards and the head forwards. When the cords were pulled simultaneously, she was ' torn in two '. Or else she was being hunted naked down the street, with her arms tied behind her so that her breasts were stretched tight. The patient ran behind her, holding her by a string. Or she was hung up by the breasts and hair, both being finally torn out. In these phantasies, which combined sadism with scoptophilia, the patient tended more and more to disappear from the rôle of the active person inflicting the torture. Then, other women came into the phantasies and finally men, who became the more important, the penis very soon being substituted for the breast. That it was his father's penis was evident from the fact that his father was the only person that he knew who had been circumcised. He was a baptized Jew, but his children had not undergone ritual circumcision. Thus in the patient's phantasies men began to take the place of the women who were tortured. These phantasies of ' tying, tearing off and hanging up ' (as the patient called them) then gave place to phantasies of ' squashing '. Naked women and sometimes men were flung anyhow into a box and pressed together. Here we have the first beginnings of the swing-over to the masochistic side ; in his previous phantasies the patient had always played an active part or at least had enjoyed the spectacle of the

sadistic act. Now he himself got into the box, where he suffered everything which he inflicted on the others. At puberty the beating-phantasies about schoolboys, to which I have already referred, occupied the foreground. There were also typically masochistic ideas, such as that of lying on the ground while a woman sat on him with her back to his face, so that he inhaled the disagreeable smell of her body. Occasionally he drank his own urine. Lastly, he elaborated a story of robbers who made a raid on some peasants and compelled them to drink liquid manure, in order to make them tell where their money was hidden. We see that the patient was making the most desperate efforts to escape from his sadism. Obviously his masochistic wishes could not enter consciousness. His cruelty to women, above all in connection with their breasts, repeatedly broke through. At the beginning of the analysis the patient's masochistic phantasies were as follows: A woman was tortured by means of a special apparatus. She was shut up in a kind of frame with iron spikes inside and, when the door was banged, these automatically penetrated her breasts. Or else weights were attached to her arms, causing her breasts to protrude, whereupon they were pierced or stabbed, etc. Sometimes the patient was merely a spectator, while at other times he himself tortured the woman. Now there can be no doubt that this was not the original form of his phantasies. The whole positive Œdipus complex and the denial of the existence of the female genital, in which he had no conscious sexual interest, his castration-anxiety and his identification with the mother, the choice of his father as love-object, etc.—all this was repressed. It is clear that his sadistic interest in the breast remained in consciousness in order that he might maintain the repression of these other wishes, which sought more and more urgently for an outlet. He was going back to phantasies originally pre-œdipal, phantasies of desire and revenge which had reference to the breast. This was the only organ which excited the patient sexually, with the proviso that it should be the object of his sadism. The fact that these sadistic wishes, directed against his mother's breast, remained in consciousness does not, however, merely mean that a displacement-mechanism was at work, which enabled him to deny his passive-feminine, unconsciously homosexual wishes: it served him also as an indirect proof of his aggression and masculinity. Thus, intra-psychically the less important impulses were sacrificed in order to shield that which was more important: his unconscious homosexuality. It was no wonder that his chief resistance was concen-

trated on this stratum or that there was in it too a strong admixture of orality.

The first conflicts which the patient remembered from his nursery-days had to do with eating. He would constantly refuse to eat and frequently vomited ; the whole business became a nightmare to him. His father—a man of weak character, who compensated for this by dabbling in ' science '—devised various punishments, amongst which was the following remarkable method of overcoming the child's disinclination for food. He obtained an electrical apparatus with which the muscles of the boy's throat were ' strengthened '. Consciously the patient felt this electrical treatment to be very disagreeable, but it had the effect of rousing very considerably his pleasure in pain. In fact the whole system on which his parents brought him up contributed to his masochistic perversion, though of course it did not directly cause this, for the perversion was a specific way of solving his instinctual conflict and his inner predisposition must be taken into account. A sister very near him in age, brought up in the same mistaken way, fell a victim to quite a different neurosis. The extent to which the patient's whole personality took on the colour of masochism may be inferred from a recollection from his third year. As a punishment for his disinclination to eat, he was shut into a dark closet where he voluntarily made his punishment more severe by remaining on his knees.[35] When I pointed out the strangeness of his behaviour, he replied naïvely that what his parents wanted was that he should suffer. Actually, by thus adding to the severity of his punishment, he transformed the conflict from something imposed upon him from without into something which he created for himself. For we note that he had provoked the whole conflict, thus gratifying his delusion of omnipotence. (Eidelberg's ' masochistic mechanism '.) By this behaviour he vented his aggression and scorn upon his parents, degrading them into mere tools of his own omnipotence, while at the same time he experienced masochistic pleasure, protecting himself, as by a magic spell, from outward misfortunes by substituting for them troubles devised by himself. While thus safeguarding his narcissism, he contrived in a most masterly manner the disasters which were his deepest source of pleasure.

[35] This adding to a punishment to gratify his own feeling of mastery is evidence also of a deep unconscious need for punishment on account of other oral transgressions. Cf. the patient's phantasies of tearing off his mother's breasts.

Another form of punishment for his ostensible ' lack of appetite ' was the following system which his father invented and which was put into operation at every meal. I will let the patient speak for himself :

' I had to keep every mouthful in my mouth for a minute. Someone stood by with a watch and counted every ten seconds aloud. If, after a minute, I had not swallowed the mouthful they went on counting, adding the words : " of the next ", e.g. " twenty of the next ". This meant that twenty seconds of the minute allotted to the next mouthful had already elapsed. Sometimes, but more rarely, the words would be : " ten of the last but two ", which meant that I had taken less than the prescribed time and that we were now at the tenth second of the minute allotted to the last mouthful but two. This procedure was by no means simple and I was delighted to find that my nursery-governess made mistakes, my father's ingenious method being unfamiliar to her. So, at the end of the meal (which must have taken nearly an hour, since you cannot well dispatch a dinner in less than sixty mouthfuls), she would be so confused with counting seconds and mouthfuls that she would say : " three of the next but nine ", instead of " nine of the last but three ". My relations gave me at this time a nickname which must have sounded strange to the uninitiated. They called me : " Three-of-the-last-but-nine ". After some years I broke my world-record with " . . . the next but fourteen ". It should really have been " the last but fourteen ", but on the very first day my governess had joined me in transposing the words : " the last " and " the next ", " because otherwise it was even more complicated ". So it came about that there were always mistakes when she reported the week's progress to my father, and I had to be called in to translate her terminology into his. When we reached the next but fourteen, the plan was adjudged to have been a huge success and was discontinued '.

The irony manifested in these words was typical of the patient ; all his utterances were a combination of mocking aggression and ironical humour at his own expense.[36]

After this magnificent method of training had been successfully brought to a close, the patient began to experience an almost insuper-

[36] I do not think that this humorous mode of speech indicated simply a desire to comfort him on the part of the patient's kindly super-ego. It is my opinion that the humour itself contained an element of veiled aggression and represented a melancholy accusation by the ego of its own ideal. My reasons for this view will be found in an article entitled : ' The Psychogenesis of Humor ' (*The Psychoanalytical Review*, Washington).

able difficulty in learning the multiplication-table and in writing. His parrot-cry now was : ' I can't remember anything '. In other words : he was employing the mechanism of pseudo-debility, whose oral basis I have demonstrated in previous papers. In this oral basis of pseudo-debility we have, further, the explanation of why the symptom first manifests itself at the beginning of schooldays : the child is required to *imbibe* knowledge. This activates the old oral disappointment and leads to a stubborn refusal to take in intellectually that which his parents demand that he should absorb. He is actuated by revenge for his earlier oral disappointments, milk being equated with knowledge. (In *Faust* the phrase occurs ' To suck at the breasts of wisdom ' ; Abraham was the first to point out this equation in analysis.)

This cry of ' I can't remember anything ' became the patient's most powerful weapon in his conflict with his father and had the effect of providing him with the masochistic pleasure derived from being punished and scolded by his father, which the patient unconsciously construed as an anal coitus. In the face of this show of stupidity the father was helpless and it was a great blow to his narcissism to find that he had an ' idiot ' for a son. In reality, this ' idiot ' was very lively and intelligent mentally, although for the most part he employed his intellectual powers in the service of his unconscious tendency to injure himself.

The following situation had arisen before the patient's analysis. A year previously he had entered upon a somewhat intimate psychic friendship with two highly neurotic sisters, whom he, as is very typical of an oral patient, most skilfully played off one against the other from unconscious motives of revenge. He finally decided on one of them—' It was terribly difficult to decide which was the less perverted and neurotic ', said the patient—and with this girl he was entirely impotent. Here was another instance of his expecting from a virgin sexual experience and assistance which were quite beyond her. By this means he unconsciously transformed a sexually inexperienced girl into a monster who refused out of malice what she should have given him.[37] When

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[37] This idea of the woman's malicious refusal was carried into every detail. For instance, it was the patient's habit to buy the morning paper every day from a female newsvendor, but he *invariably* ' forgot ' that on Monday morning there was no paper because of the Sunday holiday, and so every Monday he left her without ' getting anything '. Or again, on one occasion when the patient was ill, he spoke with the highest praise of

he began his analysis, it soon appeared that he had no interest whatever in genital sexuality ; his ruling desire was for anal intercourse by his father. When this was revealed by analysis, the first effect on the patient was a severe shock, followed by vigorous resistance. Soon, however, he endeavoured to escape this affective experience by pointing out the contradiction between the repressed anal and the conscious oral material and deriding the psychic stratification as ' analytical geology '. It gave him pause, however, when he realized that his penis reacted only to masochistic-sadistic phantasies and that his sole response to stimulation from women occurred in his alimentary canal. He produced a complicated conversion-symptom : if he took to a woman he would first of all lament that one could ' do nothing but have coitus with her ', and he produced borborygmus or else a sensation which he localized in the stomach and described as follows : ' It is like when you go downstairs without looking where you are going, and think there is one more step but find that there is not. This surplus of unused muscular energy throws you backwards. That is the kind of feeling I have in my stomach '. The combination of anal and oral tendencies in the conversion-symptom suggested the interpretation that, at the sight of a woman, the patient unconsciously desired to devour her breasts and at the same time had an access of anxiety occasioned by the murderous wishes rising up in him. His regretful utterance ' You can do nothing but have coitus with a woman ' was connected with his unconscious desire, whenever he was confronted with a woman, to realize his phantasies of tearing off her breasts [38] and to indulge his sexual tendency to devour.[39] This explains the

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the ' unfailing kindness ' of the nurse, but he managed to upset the tray on which she brought his food, thus causing the ' kindly ' woman to scold him—a simple trick by means of which he transformed her into a ' malignant ' person.

[38] Since the ' cork-drawing phantasy ' became the dominating one in the patient's life, it determined his choice of a profession, in which at first he endeavoured unsuccessfully to sublimate these desires. He became—an engineer.

[39] Neither this patient nor the others whose cases we are considering (with the exception of the case of pseudo-debility) suffered from actual disturbances in eating. At most, their appetites were somewhat uncertain —sometimes they were disinclined for food, while at other times they manifested a kind of craving or an excessive desire for sweet things, especially just before going to sleep. But there was nothing particularly

following ironical reply to a question of mine as to whether he liked a woman about whom he had been telling me. He said ' I should first have to photograph her and use the photograph when masturbating. If my stomach assented and at the same time I could treat her sadistically, so that my penis had a look-in, I could answer your question. But of course that can't be done ! ' Here the tendency to kill (the ' dead ' photograph taking the place of the reality) and the inhibition of his aggressive impulse are manifest, so too the reversal and the turning of the impulse against his own person. For as a rule the idea of treating a woman sadistically ended in his striking his erect penis violently against the edge of a table, until there was a slight effusion of blood in the tissues. The oral part played by the stomach (devouring as well as killing) became even clearer when he informed me that he often swallowed pieces of photographs before orgasm occurred !

From what I have said it is clear that in all these masochistic practices the patient was trying to realize his grandiose ideas. Ultimately, all his reverses were unconsciously engineered by himself, and thus he degraded the persons who punished him into the executive organs of his own punishment-wishes. The argument by which he justified his masochistic practices was very interesting. He said that a sadist could convince himself of the pain which he inflicted on his victim only by the outward signs which were wrung from the latter, e.g. screaming, groaning, facial distortion, writhing, etc. ; all this was a very uncertain criterion, for the person whom he tormented might actually be simulating and in empathy there is always the chance that one's premises are wrong. How much more reasonable then was the method of the masochist, who experienced pain, not through the ambiguous and deceptive symptoms of a victim, but in his own person and beyond any possibility of doubt !

The pleasure experienced by normal men in coitus was perfectly incomprehensible to the patient. He detested any element of activity in love of either a tender or a sensual kind and, as the analysis went on and he began to attempt coitus, he declared that the accompanying movements of the hips were ' idiotic ' and the friction was tedious. At first orgasm was absent, because for a long time he suffered from

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striking about these symptoms, and in themselves they would scarcely have provided adequate analytical evidence of the oral genesis of the neurosis.

psychogenic aspermia. This symptom had precisely the same ætiology as in Case A, which I have already described : ' refusal to give anything ', out of revenge on the pre-œdipal mother, a powerful inhibition of aggression and preference for passivity in every situation. In the present case, however, the idea of ' bursting ' and ' being burst ' in ejaculation were related directly to the mother's breast, as we see from the ' cork-drawing phantasies '. This apparent displacement from the fluid to the organ containing it (the breast) was obviously secondary, as is manifest in the following masturbation phantasies in which women were represented as a means of quenching thirst.[40]

(*a*) At an oriental feast the host, instead of giving his guests anything to drink, caused little trolleys to be rolled in on which were naked women whose breasts the guests sucked. This ' tapping ' of the women caused them great pain.

(*b*) On a public holiday the following ' squirting ' competition was arranged. Men rode on naked women and, grasping their breasts, squirted fluid as though from a rubber squirt. This phantasy occurred in two forms : in the first, the ' tapping 'of the women caused them pain, while in the second they were trained for the event and had become accustomed to the process. This second phantasy was a secondary formation, designed to relieve the sense of guilt.

After a year of analysis, during which we worked through the libidinal and aggressive components in the patient's rejection of phallicism and discussed his orality, he reached the point of attempting coitus. After several attempts he achieved erection, but his demeanour was very wooden and uncompliant ' as though he had swallowed the stick with which he had been beaten '.[41] He constantly declared that everything connected with genital activity was ridiculous and tedious. Moreover, as I have said, he suffered from psychogenic aspermia. He could perform ejaculation only by masturbating in front of the woman. Thus, at the outset, even the prostitute's hand failed to stimulate him. He invariably so directed the ejaculation that it was ' aimed at his own

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[40] In the case of this patient the reactive ' autarchist fiction ' produced at puberty the phantasy that a fluid taken by mouth is excreted in the form of urine only a quarter-of-an-hour later. Having mixed his own urine with cold milk and drunk the mixture (which he often did), the patient could signify almost complete ' alimentary self-sufficiency ' by again drinking his urine after a quarter-of-an-hour.

[41] ' Als hätte er den Stock geschluckt, mit dem er geprügelt wurde ' (Heine).

belly ' (*ipsissima verba*). This was intended as a gesture of mockery, indicating to the girl with whom he happened to be that she was ' getting nothing ' out of him. It had a certain real significance, for many prostitutes have a peculiar ambition to help a man to ejaculate, obviously because they suppose that, if he experiences orgasm, he will come back to them. It may even be that they have a certain professional pride.

It was characteristic that the patient became conscious gradually of the inhibition due to his dread of his own excessive aggression, and in consequence of the following observation. While erection collapsed in coitus, ' out of boredom ', as he said, it would persist for half-an-hour at a time if he lay motionless on the woman with his penis in her vagina. Besides this, almost all the girls with whom he had intercourse told him that they had a kind of fear of him, though this would seem to be in entire contradiction to his marked passivity. Gradually he ventured to indulge his aggressive impulses against the woman and he acquired a ' relish ' for coitus, as he expressed it, only by assaulting her breasts, buttocks and thighs. At the end of a year of analysis he achieved ejaculation for the first time, after ' unperceived ejaculation ' had several times occurred. On this occasion, coitus took place by daylight in the room of a prostitute, who left the window open, so that the patient imagined that, in spite of the curtains, he could be seen by the neighbours if he went about the room naked. During coitus he pressed hard on one of the woman's breasts, and his movements were so energetic that the bed creaked loudly.[42] This pleased

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[42] One rationalization of his passivity in coitus was as follows. He said that, at his boarding-school, the creaking of his bed betrayed the fact that he was indulging in the forbidden practice of masturbation and so he was compelled to make small, ' noiseless ' movements of the hips and that he continued to do so in coitus ' from habit '. To prove that coitus was ' inferior ' to masturbation the patient resorted to highly sophistical arguments. For instance, he worked out the following abstruse ' scientific ' theory: ' (1) The stimuli and sensations which lead to ejaculation are produced both in masturbation and coitus by continuous movement of certain parts of the penis accompanied by pressure or friction. The parts which move in contact with one another are the prepuce and the inner parts, the vascular tissue of the penis. In erection the latter remain rigid together with the man's whole body. In order to maintain the necessary movement it is kinematically completely irrelevant whether the prepuce moves and the penis otherwise remains at rest or, conversely, the prepuce

him, as he thought that the neighbours would envy him if they heard it. The patient's aggressive instinct was subserved by three factors: provocative exhibition,[43] aggression against the breast and the idea that others were listening to and envying him. In this last he was identifying himself with the person whom he imagined to be indulging his visual and auditory scopophilia. After coitus he felt an ' enormous thirst ' and drank two litres of water.

The patient's success in coitus gratified his narcissism and he made the following witty observation, which illustrates neatly his aggressive attitude towards analysis (he could not forgive it for having cured him): ' I am interested only in what will happen next with my character-neurosis—whether my advance in analysis will be in arithmetical or geometrical progression. I achieved coitus for the first time after the two-hundred-and-sixth analytic session and ejaculation after

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is held tight, i.e. remains at rest, while the inside of the penis moves. The one is the " kinematic antithesis " of the other. In masturbation (though not in all its possible forms) the man himself is motionless and with him the inside of the penis, whilst the prepuce moves. In coitus the woman normally lies still (though even if she does move it makes no difference to the final result). Hence her vagina is motionless and the prepuce of the penis scarcely moves. In this case the distended inner parts of the penis must be in motion, and this is possible only if the man moves his whole trunk. (2) Movement in coitus is the kinematic antithesis of movement in masturbation. In coitus the man's whole body is in continuous motion and only the prepuce of the penis remains at rest; in masturbation the converse is the case. If we assume that the prepuce of the penis weighs seven grams and the man's whole body seventy kilograms, then the kinetic energy required for the movement which takes place in coitus is ten thousand times as great as in masturbation. (3) It follows that for masturbation only the ten-thousandth part of the energy required for coitus is employed. From this point of view, anyone who prefers coitus to masturbation is like a man in the basement of a house, who, instead of going upstairs, wants to have the whole house raised by the height of a story, by which remarkable method he could, of course, ultimately reach the street-level.'

I am not going to discuss now the errors in this theory—e.g. the patient's omission to note that in masturbation, the prepuce is moved by the arm. I merely wished to illustrate his general attitide of hostility to coitus.

[43] I do not propose here to deal with the part played in oral aspermia by the scopophilic instinct. I would refer my readers to a paper now in preparation by Eidelberg and myself, entitled ' Klinische Beitrage zum Studium des Schautriebes '.

the four-hundred-and-twelfth. If it goes on in arithmetical progression, we may expect the next success after the six-hundred-and-eighteenth session, but, if it is a case of geometrical progression, after the eight-hundred-and-twenty-fourth. That would be a bad look-out!' The problem of the further progression was solved by the patient's father, who, to gratify his own sense of omnipotence, declared that his son was cured and refused to pay any more fees. He thought he was justified in this, since his son's difficulties in studying seemed to have cleared up at the same time as the disturbance in his potency. At the present time one could not possibly say that the patient's grave character-neurosis had really been cured.

Case C.—This patient, who suffered from incapacity for erection and from a character-neurosis, had had two years analysis with a woman-analyst, with some measure of success. After his analysis, the symptom of incapacity for erection disappeared, but his potency continued to be capricious and ejaculatio præcox occurred, to which, however, he attached little importance. On account of his 'unresolved transference'—as he maintained—he felt his condition to be still unsatisfactory and, after a break of a year, he resumed analysis with me. His chief reason for continuing was that his 'favourite hobby', writing verses, 'would not work'. The analysis of this patient, who also suffered from oral regression, revealed a similar picture to that in Case A: the interpretation and working-through of the Œdipus complex in the first analysis had mobilized the phallic and anal elements, rendering them to some extent innocuous; hence the improvement in his capacity for erection. But the oral element in his symptoms had not been surmounted but merely touched upon in his first analysis, and it persisted or rather was displaced on to his incapacity to 'give' in sexual relationships and on to the inhibition of his poetic 'productivity'. The patient was an exceptionally gifted lyric poet, but his truly diabolical hatred of the phallic mother prevented his producing anything. The 'surge of longing', as he called it, encountered this orally conditioned hatred of the mother, which checked his whole literary 'output' (*Hergeben*), permitting him at most to clothe his blasphemies and coprolalia in literary terms. In my essay on 'Obscene Words' [44] I described the case of this patient and refer my readers to that work.

[44] Published in *The Psychoanalytical Quarterly*, 1935. I also published in the *Internationale Zeitschrift für Psychoanalyse*, 1934, a preliminary communication on this subject.

In parenthesis I would merely observe that the patient produced for a time the symptom of psychogenic aspermia, which gave him a strong suspicion that the excitation was displaced from the penis into the interior of the body and that the bladder was over-stimulated. During this period he achieved ejaculation only when manually stimulated by his partner.

I do not intend to go in detail here into this patient's very complicated analysis, for I have in preparation a work on the relations between orality and poetic creation, and in this I shall discuss his case at length. I will merely note the fact that, after the second analysis, he became normal sexually and that the inhibition of his poetic production was overcome.

Case D.—This patient suffered from oral regression, with neurotic character-traits almost indistinguishable from moral insanity. For instance, he would take money from women and with remarkable skill adopted psychically the rôle of a baby at the breast.[45] He always had two mistresses at the same time and played them off one against the other. Any activity which was connected with earning his own living was inhibited by his neurosis and, if he attempted to engage in it, led to failure in his work and to depression, which sprang from his ' Peter Pan ' philosophy[46] of life, according to which he should always be supported by other people. At the same time the patient manifested a stubborn determination to receive nothing, and this took the form of a ' reactive autarchist fiction '. For instance, he was determined to take nothing from his parents, yet he blamed them and perpetually bemoaned himself because they gave him nothing.

His system of having ' two editions of his mistress ' (Stendhal) was an indication of his revengeful impulses against the phallic mother, but the patient was conscious neither of this nor of the pressing unconscious need for punishment, which, in conjunction with his oral tendency, ruled his life. On the other hand he was perfectly aware of

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[45] The fact that it was money which the patient took from women and that he allowed himself to be put in the position of a pseudo-gigolo must be linked up with the oral preliminary phase of the interest in money ; it had at bottom the significance of a proof of love (milk). At the same time he was satisfying in this behaviour his unconscious need for punishment, for people in general, unversed in psychology, interpreted his acceptance of money from women not as an oral gesture but as something much more sinister.

[46] [' *panbabystische Weltanschauung.*']

the ' impersonal ' nature of his relations with women and would actually say to the mistress with whom he happened to be that he would as soon cohabit with any other woman. He usually said this to the woman just after coitus. His capacity for erection was normal, but he was for a time incapable of orgasm, or suffered from a form of psychogenic aspermia, conditioned by oral (and also partly by anal) factors. For example, in coitus with a woman who (as is the case with the majority) was slow in attaining to orgasm, he would ejaculate the first time very quickly, so that she did not experience orgasm at all. When the erection recurred, however, he could not achieve ejaculation, in spite of prolonged friction. Analysis showed that he was determined to ' give ' nothing to his mistress : on the first occasion he performed coitus ' to please himself ', but his unconscious impulse of revenge made him unwilling to vouchsafe any pleasure to her.[47] He had recourse to characteristically infantile means of tricking the woman into appearing as a person who invariably refused to give him what she should and treated him ' unfairly ' on every occasion. For instance, he made an appointment with mistress No. 1 to come to his rooms at five o'clock on a Wednesday afternoon. He then ' forgot ' the day and expected her on Tuesday at the same time. Naturally she did not appear, and the patient flew into a fury. But when she came, on the day they had agreed upon, he had ' by mistake ' told mistress No. 2 to come that day, with the result that the two women almost ran into one another.

[47] In some cases this anachronistic infantile equation of sperma and milk works out in a very amusing manner : what was intended as a torture becomes a benefaction. A prolonged coitus without ejaculation in which the victim of oral aspermia engages is an unconscious expression of revengeful impulses against the woman, but actually it is often his only chance of stimulating her to orgasm. Such men are frequently regarded as ideal lovers just because of the absence of ejaculation, for it has a reassuring effect on their partners, most of whom suffer from a dread of impregnation. When I pointed this out to a patient of this type, he flew into a rage. He suffered from pseudo-debility (cf. my paper on this subject in the *Internationale Zeitschrift für Psychoanalyse*, 1932) and had evolved the following theory : if he used contraceptives he was potent, for then ' the woman got nothing '. It took a great deal of analytic work to disabuse him of this idea of contraceptives as an oral instrument of punishment : in the end I convinced him when I said many women were glad if a man did not ejaculate and told him that his aspermia would make him the most sought-after lover in his circle.

Another characteristic fact was that, in one single instance, his relations with a woman had been comparatively pleasurable. She was of a very active type and considerably older than the patient, and his attitude towards her was that of a baby who needs mothering but is at the same time highly sadistic (once more : the playing-off of one woman against another !). There were other relations in which he unconsciously enjoyed the opposite rôle : with a young girl he would act the part of the cherishing mother.

After about a year, the analysis had to be discontinued for external reasons. The patient was cured of his aspermia, and from being ' work-shy ' had become capable of earning his own living. I do not know to what extent his other idiosyncrasies remain unchanged.

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The question arises why the aggressive impulse in ejaculation took the form of the phantasy of bursting the woman and, conversely, of being burst. In all six analyses the answer could only be conjectural, and it was not definitely established by memories. We know that memories from the period at the mother's breast are not forthcoming in analysis. An inference, however, could be drawn from a fact reported to me by the first patient of this type whom I analysed. I have told how, in coitus, instead of ejaculating he produced an unusually copious flow of saliva, and this I construed as a regressive substitute for ejaculation. I suggested in my first paper that the flow of saliva represented revenge on the mother (the refusal to give sperma, conceived of orally) and, at the same time, an indication of imaginary ' autarchy ' : the saliva was both produced and swallowed by the patient himself and therefore signified that his mother's breast was not indispensable and that he was independent of her. I said, too, that in my opinion the patient's flow of saliva during coitus signified an aggression in the sense of spitting. The revenge-impulse against the mother had a special emphasis ; it is true that the patient ' produced ' something, but it was of no use to the recipient. (This was a reversal of the situation in which the mother gives the baby no milk.) Thus the whole act of giving was a piece of irony (cf. Case A, in which the sperma was ' given ' into the woman's hand). A secondary factor in the idea of being burst is perhaps the disproportion in size between the infant's tiny mouth and the large nipple or breast.

In considering how the phantasy of bursting and being burst arises, under pressure of the super-ego, through the turning of the aggressive impulse against the self we recall, in addition to the factors

already discussed, certain conjectures advanced by English analysts with reference to infantile psychic development. To these analysts belongs the credit of having pointed out and emphasized the prominent part played in that development by the aggressive impulses of early infancy. Recently, Miss Searl has expressed the opinion that the infant's earliest mode of expressing these impulses is screaming, i.e. a form of expulsion.

I would also refer my readers to L. Eidelberg's remarks on the two varieties of instinct-fusion in which Eros and Thanatos may be examined clinically: the one variety coming under the heading of sexuality and the other of aggression ('Das Problem der Quantität in der Neurosenlehre', *Internationale Zeitschrift für Psychoanalyse*, 1935). In these two forms of fusion the primal instincts which Freud posits—Eros and Thanatos—are so blended that in the aggressive fusion Thanatos, and in the sexual, Eros, preponderates. The activities in which gratification is sought in the one instance and in the other may be schematized as follows:

Aggressive fusion.	Sexual fusion.	Level of development.
Vomiting, spitting, screaming . .	Sucking the breast .	Oral.
Retention of fæces	Surrender of fæces .	Anal.
Retention of urine; retraction of penis	Surrender of urine and penis.	Phallic.

Of course the activities thus classified are more complicated than these groupings might suggest. And further it is precisely in neurotics that behaviour which, according to our scheme, should be dictated by the aggressive fusion of instincts is in fact a gratification of the sexual fusion and *vice versâ*. So, in order to decide in a concrete case by which form of fusion a particular activity is dictated, we must examine the pleasure derived from it. In a paper entitled 'Das Verbotene lockt' (*Imago*, 1935), Eidelberg showed that pleasure due to the gratifying of the aggressive instinct depends on overcoming real or imaginary resistance on the part of the object. It follows that, if, when we analyse a certain activity, we find that it involves the overcoming of such resistance, we may conclude that it gratifies the aggressive fusion of instincts.

I agree with Eidelberg that vomiting and spitting are the earliest modes of expression of the aggressive instinct-fusion. This may be

why, in cases of ejaculatory disturbance, the sense of guilt which causes the patient to refuse to expel fluid is so crushing.

I would note, further, that Eidelberg's scheme does not as yet contain any indication of the workings of active and passive scopophilia. This subject will be dealt with in the work which Eidelberg and I have in preparation. I may anticipate its publication by stating that we have reached the conclusions indicated in the following scheme :

Aggressive fusion of instincts.	Sexual fusion of instincts.	Level of psychic development.
Being observed (causing oneself to be observed)	Observing the breast	Oral.
Observing fæces	Displaying fæces .	Anal.
Observing penis and urine . . .	Displaying penis and urine.	Phallic.

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My observations relate to six cases of psychogenic oral aspermia. In five of the six the symptom yielded to analytic treatment ; the sixth (Case A in this paper) will probably also be cured as his analysis proceeds. The material which I have here put before you does, I think, justify me in this hope. These surprisingly satisfactory results could have been obtained only by a thorough analysis of the ' breast-complex ' and of the aggressive fiction of ' ejaculation as a punishment ' implying bursting the woman, with its corollary of being burst. Moreover, such analyses must inevitably take a long time.[48] The difficulty of the analytic situation in this peculiar type of neurosis may perhaps best be illustrated by the following episode. At the Lucerne Congress a foreign analyst of the front rank told me that he had read with great interest my article on oral ejaculatory disturbances. Hitherto he had not come across a case of this sort, but a patient had just come for treatment who suffered from the single symptom of inhibited ejaculation. We discussed the differential diagnosis (the phallic, anal or urethral components) and my colleague then observed good-naturedly :

[48] Another reason why the analysis takes so long is that it is so hard to overcome the oral defiance against the phallic mother, which is repeated in the transference.

' To be quite candid, I have not so far seen anything to indicate orality in the patient—unless it were the single fact that he has an enormous appetite . . . ' ' How long have you been treating him ? ' I asked. ' *Three weeks* ', was the reply. ' Let us discuss the case again in *three years* ', I said, as I took my leave. And on this understanding we parted.

THE DURATION OF COITUS[1]

BY

G. BOSE

CALCUTTA

What is the normal duration of human coitus ? Different sexologists have expressed different opinions on this question. Most of the European workers seem to have the idea that the duration of coitus is longer in the Eastern races than in the Western. No reliable statistical data are available for any country or race and the dearth of material makes it impossible to indicate definitely any racial peculiarity if such a thing exists. The Negroes are popularly supposed to be more potent and it is believed that they can hold out longer than the European races. The brown races have also been credited with a similar capacity. I am afraid such statements, even when they come from renowned sexologists, will not be taken as established truths. I do not deny the possibility of racial difference in this matter, but this is yet to be proved statistically.

The very nature of the sexual act makes it extremely difficult if not impossible for the majority of persons to keep count of the time accurately. The impression regarding the duration that one forms after the coitus is over is very often vitiated by psychological factors. Again many people have no clear conception of what is meant by the expression ' duration of coitus '. It is therefore desirable to define the term so that there may be uniformity in the observations of different workers. Directly we try to frame such a definition we are confronted with practical difficulties. Is the duration to be measured from the moment of intromission to the point of discharge in the male or is the limit to be set by the completion of the orgasm in the female ? Should the male continue his movements even after the completion of the orgasm is it to be regarded as a part of the coitus and the time measured accordingly ? Should the male after intromission refrain from movements at intervals are such pauses to be included in the time estimation ? Unless we have definite ideas about these situations it would be impossible to say whether the duration of coitus in any individual case is unduly long or unduly short.

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[1] Read before the Indian Psycho-Analytical Society on September 2 1936.

Instead of trying to get a scientific definition of duration of coitus I shall content myself for the purpose of this paper with describing duration as the period which lapses from the time of intromission by the male till it becomes impossible for him to continue the movements owing to flaccidity of the organ. It is well known that flaccidity does not always supervene immediately after ejaculation ; the erection may continue for a few minutes longer and thus it may be possible for the male to continue the movements of coitus even after ejaculation. I shall revert to the problem of duration after having considered certain other features of coitus.

Psycho-analysis reveals the fact that the male approach to coitus may be determined by two entirely different attitudes. There are males who would like to get pleasure in intercourse entirely on their own account and they do not care whether their partners get satisfaction out of the act or not. On the other hand there are males whose entire pleasure consists in satisfying the female ; if the female is unsatisfied the intercourse is considered to be thoroughly unsatisfactory by such males. I shall presently have occasion to speak something more about these two dominant attitudes and their bearing on coitus. Corresponding to the two male attitudes the female also exhibits similar opposite traits. There are women who submit to intercourse just for the purpose of giving pleasure to their partners ; on the other hand there are females who solicit coitus entirely for their own satisfaction.

A perfect coitus is one in which both the persons are simultaneously satisfied, i.e. when the orgasm in the male and that in the female coincide in point of time. The importance of a perfect intercourse in bringing peace and happiness into conjugal life has, I am afraid, not been properly grasped by modern psychologists and sexologists, and this is the reason why one finds such scant reference to topics like ' duration of coitus ' in books on sexology. There are, of course, exceptions.

John Rickman in his book on *The Development of the Psycho-analytical Theory of the Psychoses*, writes on p. 82 :—

' i. The doctrine that in genital orgasm the organism finds the maximum of discharge for accumulated sexual tension has a corollary, viz. that without it the organism cannot function free from the strain and inefficiency of repression.

' ii. Potency has a psycho-physical quality that does not allow of separation of the elements to an unlimited extent, but it is necessary

to distinguish between orgastic potency and erective power in the male and between orgastic potency and pleasurable genital sensations in the female.

'iii. The function of thought should proceed undisturbed by pleasure and the sexual act proceed unchecked by processes of thought.

'These three analytical dicta have led to an important deduction that in assessing the extent of cure and the safeguards of the patient against relapse the genital's capacity to act as a free and open conduit of sexual tension must be studied minutely. The criteria that may be applied have been suggested by Reich.

'i. The acts of fore-pleasure should not be too prolonged; this weakens orgasm.

'ii. Fatigue or sleepiness and a strong desire for sleep should follow the act.

'iii. Among women with full orgastic potency there is often a tendency to cry out at the acme.

'iv. A light clouding of consciousness is the rule in complete orgastic potency, unless the act is done too often.

'v. Disgust, aversion or weakening of tender impulses to the partner after the act argues against intact orgastic potency, and indicates that conflict and inhibition were present during the act.

'vi. The anxiety of many women during the act that the penis will relax too soon before they are "ready" also speaks against this orgastic potency.

'vii. Disregard on the part of the man for the woman's gratification bespeaks a lack of tenderness in the bonds between them.

'viii. The postures should be studied; incapability to perform rhythmic movements hinders orgasm and wide opening of the legs and a firm rest for the back is indispensable for the woman.

'A direct interrogation is of course useless in this as in nearly every type of psychological investigation, but the information is often forthcoming if an analysis is in progress; not that it may not be obtained without it, but the fine points which tell so much, the antecedent and following free associations, reveal more than bare statements can ever do, for they show the emotional context in the unconscious mind.

'Such criteria as these have merit in being definite and such standards of cure as they imply deserve the close attention of psychiatrists. If more is known of ætiology in the psycho-neuroses and psychoses there will be less said of "inexplicable" relapses; whatever may be said of psycho-analysis let no one say it shirks

detailed investigation and explanation, and let no one think that it does not demand detailed refutation or detailed modification and criticism.'

The ancient Indian sexologists were thoroughly alive to the importance of this problem. Batsayana, who flourished about 310 B.C., has very ably dealt with the question of orgasm in the male as well as in the female. In discussing coitus, Batsayana in his *Kamasutram* has classified males and females from three different standpoints, viz. the size of the genitalia, the strength of the sexual urge and the time taken for orgasm (*Kamasutram*, Section VI). Those who cannot stand rough handling during sexual intercourse and in whom the sex urge is habitually weak and the discharge small in quantity are to be regarded as *mandabega*, or persons with weak urge. The opposite characteristics are to be seen in persons with strong sexual urge ; they are classed as *chandabega*. Those in whom the sexual urge is of medium strength are called *madyabega* (*Kamasutram*, 6.1.5–6). When the male and female belong to the same class the coitus is generally satisfactory otherwise incompatibilities arise. Besides these psycho-physiological incompatibilities, anatomical maladjustments due to disproportionate size and shape of the genitalia in the two sexes have also been described by Batsayana. It seems that different Indian authorities held different opinions regarding the relative importance of the strength of the urge and the size of the organ. Some believed that the strength of the urge is the more important factor in determining the satisfactoriness of an intercourse while others contended that anatomy plays the more important rôle. According to the first class of sexologists a man even with a small-sized penis will be able to satisfy a large built woman if the duration is long enough and the ardour commensurate. On the other hand the second class of sexologists believed that this is not possible. Some pre-Batsayana sexologists were of opinion that duration alone is the important factor. They did not admit that woman has any final orgasm like the male, hence if the male could prolong friction for sufficient time there was bound to be satisfaction on the part of the woman ; according to them the pleasure of coitus in the female is not of the crescendo type. Batsayana himself and all later sexologists believe in female orgasm. In stressing the importance of the strength of the urge Batsayana did not underestimate the time and the anatomical factors. Anatomical incompatibility was sought to be remedied by suitable position of the sexual partners, by abduction or adduction of the thighs of the female

and adjustment of the position of the pelvis during coitus. Batsayana says that as a general rule the orgasm in the male occurs earlier than in the female (6.1.32). Two types of remedies have been proposed by him to correct this anomaly. The male is advised to excite the female partner thoroughly before commencing coitus by suitable caresses and manipulations and to bring her excitement to a high pitch during intercourse by appropriate measures. Another line of adjustment consists in the efforts to prolong the duration of coitus. I shall deal with these different measures in the appropriate places. The signs and symptoms of perfect satisfaction in the female as also those of unsatisfaction have been described by Batsayana.

Batsayana notes that in intercourses following one another in rapid succession the male gets the orgasm in the first coitus comparatively quickly, whereas in successive intercourses the time to reach the orgastic stage gets longer and longer. His sexual urge diminishes with each successive intercourse. In females, so long as the orgasm does not come, each successive intercourse tends to increase the sexual urge and hasten the onset of the discharge. Batsayana distinguishes between pleasure in intercourse and the feeling of satisfaction that comes at the end of the act. This latter has been considered to be more important and Batsayana advises that steps should be taken by the male to ensure this satisfaction on the part of the female. The bearing of this will be apparent when I come to discuss the mental attitude in coitus. I may incidentally mention here that although Batsayana wrote his great work about 2,000 years ago his views are worthy of serious attention even by the most advanced modern sexologist.

I have defined ' duration of coitus ' as the period of intromission during which erection lasts in the male and during which he is capable of appropriate movements. This definition brings coitus reservatus within the limits of my discussion. From actual investigation I find that in the case of a large number of normal males the tendency is to continue the movements from start to finish without break, and the rest periods that are occasionally interposed are as a rule dominated by the idea of prolonging the intercourse in order to be able to satisfy the partner. In these persons the usual duration is something like a minute and a half to five minutes or so. There are also males, apparently normal individuals, who could and often do continue for anything from ten minutes to half an hour or more without stoppage. In such cases the female may experience more than one orgasm in the course of the

intercourse. I have knowledge of as many as nine within half an hour. I have no doubt that the number of such orgasms may be much greater. Sometimes, however, the female partner has only one orgasm, and after that she gets disgusted and the male has to discontinue for her sake. The female who experiences repeated orgasms during a single intercourse is not a normal person.

Long duration extending from ten minutes to an hour or more is often noticed in persons who are obviously abnormal, viz. psycho-neurotics, psychotics, castrated individuals and persons with weak libido. In a certain percentage of these cases there is an entire absence of orgasm. The erection, which is never very strong, gradually subsides and the coitus ends. Other persons belonging to this class get occasional orgasms. Cases of anæsthetic and hysteric females who do not experience any orgasm are well known. In coitus the female has, in a sense, an advantage over the male. Her capacity for intercourse does not depend on any physiological manifestation like erection. She may choose to play an entirely passive rôle and may be thoroughly unexcited herself and yet challenge the male to prove his worth when he has no sex inclination. This method of humiliating the sexual partner is often utilized by the psycho-neurotic woman having a conscious or an unconscious antipathy against the husband.

In literature one finds mention of Yogis who by special practice become *urdharetas*. By the term *urdhareta* is meant a person whose seminal flow is directed upwards. It is believed that the semen, instead of being excreted in such persons, goes to strengthen the intellectual capacities. Such men have no seminal emission even if they indulge in repeated intercourses. The Indian laity strongly believe in the existence of such persons whose special capacity arises not from any mental or physical weakness as in the case of the previous group, but is a manifestation of strength and supernormal power. Although I do not deny the possibility of such an attainment I have not come across any genuine case of this type. The few so-called *urdharetas* whom I had the opportunity of meeting and analysing all turned out to be cases showing strong psycho-neurotic traits.

There is a special religious sect in Bengal called the Sahajia having peculiar tenets. The members of this sect profess to follow natural religion—' Sahajia ' (literally ' natural '). A particular sub-division of this sect makes it a religious duty to practise prolonged coitus. The members have to find out suitable sexual partners for themselves, but before any one could appropriate any woman to himself he must offer

her to the Guru first, who initiates her into the mysteries of the sect. The woman is stripped and is made to lie on a bed of plaintain leaves and her whole body is besmeared with oil and unguents. The Guru then worships her genitalia and has an intercourse with her. The Guru takes a very long time in getting an orgasm, and if the woman experiences the orgasm first she is considered unfit to be a proper mate for the Guru ; she is then handed over to some member of the group whose holding out capacity is just inferior to that of the woman. The Guru reserves for his own use only those women who do not get orgasm. Dried menstrual blood, dried semen and other queer substances are often eaten by the members for their supposed aphrodisiac and religious properties. Once I had an occasion to examine a member of this group. He was at first extremely reticent about the mysteries of his sect, but later became communicative. He himself was a psycho-neurotic and from the description that I gathered from him of his Guru I had an impression that the latter was a chronic paranoiac.

To find out the mechanism of long duration many factors require investigation. The subject's anatomical and physiological peculiarities must be noted, his heredity must be investigated and the strength of the sexual urge determined. A full life history with special reference to his sexuality must be obtained. All these procedures help the investigator to find out the objective factors and the conscious psychological peculiarities of the subject. The most valuable information is likely to be obtained by psycho-analysis. I have repeatedly found that even in so-called normal persons the duration of coitus is determined mainly by unconscious mental attitudes. Before attempting to formulate the unconscious factors, I shall cite a few extracts from typical case histories.

Case No. 214.—The patient was a young man in affluent circumstances. He was fairly educated and had a literary bent. He wrote several dramas. His main symptoms were extreme anxiety about noise and a constant death fear. Although it was a typical case of anxiety neurosis, hysterical mental symptoms were not wanting. The anxiety about noise and all loud sounds was so great that the patient had to leave his village home as he was in constant apprehension of the jackals' howling at night. He came to Calcutta and took up his residence at first in Upper Circular Road. When I first saw him he was surrounded by several doctors whom he had summoned, and his face wore a terribly anxious expression. He had an ice-bag on his head. I came to learn that it was an every-day affair and would soon pass off. The municipal train carrying refuse was due to pass opposite

his house at that time, and this fuss was meant to counteract the effects of the noise of the train. When the train was actually passing he closed his ears with his fingers and was almost on the point of collapse. He rapidly became normal after the train had passed. He shifted to a quieter place later on, but there also the sound of the one o'clock gun disturbed him. He had an idea of building a sound-proof room and had the plans actually made out by a reputed Calcutta engineer. I shall merely mention the sexual peculiarities of this patient here. He was not observing abstinence. On the other hand he was leading a loose sexual life. He had public women brought to the house with whom he cohabited quite frequently during periods of remission of anxiety. He also had regular intercourses with his wife. In fact his wife complained of the too frequent intercourses, and said she could not stand them. This was utilized as an excuse by the patient to justify his extra-marital sex activities. He thought that without sex satisfaction his condition would grow worse. Sometimes he would have two or three intercourses in the course of the day with public women and again one at night with his wife. No day passed without an intercourse. On an average he would take about half an hour to come to orgasm, but quite frequently there would be no orgasm and the erection would subside gradually. The patient thought himself to be a very virile person sexually although he would complain of general mental weakness and utter helplessness during periods of anxiety.

Psycho-analysis revealed unconscious passive homosexual tendencies which when brought to consciousness produced a remarkable change in the patient's sexual life. The frequency of intercourse diminished considerably, and was now eight to ten per month. The duration came down to about ten minutes and orgasm was never missed. The patient reported that he had now more pleasure in coitus than before, and the feeling of compulsion that had goaded him to repeated intercourses had disappeared. In the patient's own language coitus had been to him ' more like a duty that must be performed '. There was considerable improvement in anxiety along with this change in his sex attitude. He made a perfect recovery later on, when the duration of coitus as also its frequency showed a further drop. The patient has since died of diabetes complicated with gastric dilatation.

This case is an instructive one in more than one respect. It shows that in certain types of anxiety neurosis relief of sexual tension by coitus, considered to be satisfactory by the patient himself, does not

remove the anxiety. It is only when the unconscious inhibitions against hetero-sexuality are removed that improvement sets in. It further shows that excessive sex activity and long duration of coitus are not necessarily the index to sexual virility ; they may be defensive manifestations showing inner maladjustment of the libido. It is a well-admitted fact that defensive measures against unconscious tendencies are often carried to excess. Ferenczi was of opinion that ejaculatio præcox occurs in neurasthenia and ejaculatio retardata in anxiety neurosis.[2] In his article on ' Attempt to Formulate a Genital Theory ', Ferenczi expressed the view that ejaculatio præcox is associated with the urethral form of impotence while ejaculatio retardata is connected with the anal form of impotence, the former promoting secretion and the latter inhibiting it. ' The movement to and fro of the process of friction might also be due to similar alternating anal and urethral tendencies (immission = urethral ; retraction = anal).'[3]

The next case that I shall cite will give us a little deeper insight into the mechanism of long duration in coitus.

Case No. 775.—The patient is a young man of good physique. He comes of an aristocratic family and is very rich. He is a paranoiac showing occasional remissions. He was just out of his fourth attack when he came for analysis. His memory of incidents during previous attacks was intact and he had a clear insight into his own condition. During the attack he exhibited typical symptoms such as sexual jealousy, delusion of being poisoned, of possessing extraordinary psychic powers, and so on. He took to Yogic practices which he thought were responsible for his supernormal development. Even when he was in the normal phase he harboured some of his ' Yogic ' delusions.

I shall merely refer to his sexual peculiarities. The patient complained to me that he was gradually getting weaker physically after his recovery from the last attack. He said his sexual powers had diminished to a great extent. During the attack his Yogic powers enabled him to act like an *urdhareta* and to have coitus with three public women successively, completely tiring them out and yet not having any seminal loss in the form of an orgasm. His powers left him when he was cured, and now he was practically impotent. He would feel sexual excitement only rarely, and if he attempted an intercourse with his wife there would be a premature ejaculation. The patient's

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[2] This JOURNAL, Vol. VI, p. 387.

[3] This JOURNAL, Vol. IV, p. 359.

relations corroborated the above story. Psycho-analysis revealed a curious state of affairs.

In approaching his wife or even in thinking of her, the patient felt as if he had lost control over his ego. The feeling of his own identity threatened to disappear. Simultaneously with this the sense of reality was impaired and all sex feeling came to an end. It was not only in the sexual attitude that the ego was threatened with disruption, but whenever the patient tried to pay serious attention to anything the same disturbance occurred. The patient had to pull himself together with severe effort. During analysis also in attending to the interpretations the patient would often get confused and his looks would become vacant. In the confused state delusional thoughts made their appearance and the patient in his imagination changed positions with the analyst. His ego lost its bearings and got itself identified with the analyst, i.e. with the object of his attention. I had already noticed that even in his ordinary behaviour he was imitating me. When the patient thought of his wife his ego transferred itself to the position of his wife, and the sex feelings appropriate to the male vanished completely, resulting in psychic impotency. When his wife got an attack of chicken-pox the patient complained of having similar symptoms himself. When she had constipation he would complain of his own abdominal heaviness. Another paranoic patient of mine described this transference of ego very clearly. He said when he went near a tree he became the tree, when he tried to bow down before the image of the god Siva he became the god himself.

It seems that the extraordinary virility of the patient during the active paranoic phase was a defence to prevent the entire ego from turning into a female. The patient behaved like a male with a vengeance. Further analysis supported this interpretation. As a result of the struggle between the male and the female aspects of the patient's personality the male urge developed extra strength but lost the capacity for free orgasm. The hindrance to orgasm was traceable to the female element which was thus responsible for the undue prolongation of the coitus. The passive homosexual wishes of the first patient and the female wishes of the present case belong essentially to the same group.

Psychologically every human being is bisexual, i.e. his psychic constitution is composed of two groups of opposite traits. I have shown elsewhere that the male traits in a male can only function when a suitable outlet is provided for the opposing feminine cravings, other-

wise they create a deadlock. The maleness of a male, if I am allowed to use the expression, is a trait that comes into operation only with reference to his sex dealings with a female. Maleness apart from its feminine bearings has no meaning. In the case that I have been describing the male sexuality in the presence of a woman could only come into consciousness by suppressing the opposing feminine traits; hence the defensive need for its exaggerated strength. When the defence broke down his feminine traits got the upper hand, producing impotency of the male half of the personality. The type of defence was such that no compromise was possible; it was one or the other that fully dominated the ego.

Under normal conditions the female half of the male does not create any disturbance. It gets identified with the actual female love object, and thereby gets satisfied through her while the male half remains free to act as it likes. Thus in the normal person only half the ego is identified with the love object whereas in paranoic disturbance of the type mentioned above, the entire ego goes over to the love object and gets identified with it. In psycho-neuroses compromise reactions giving rise to different gradations between these two extreme types are to be noted.

I have already mentioned that it is the female half of the male that is responsible for the retardation of male orgasm. The following case history is instructive.

Case No. 212.—The patient came under treatment for anxiety symptoms mainly centering round the functioning of his bowels. I shall confine myself to the discussion of his sexual traits. His first wife having died he married for the second time. He thought that his sex life was perfectly normal. His life history showed that he had no real love for his second wife with whom he had constant wrangles. He was extremely selfish and although he would buy costly apparels for his own use he would grudge his wife everything but the barest necessities. He had about eight to ten intercourses per month, with an average duration of twenty to thirty minutes. He had been practising coitus reservatus and coitus interruptus at the time he came in for treatment. He said he could get complete satisfaction only rarely. He was advised to give up both these practices. He said that he did not want any children and did not like to use any contraceptive. He gave up coitus interruptus, but in spite of repeated warnings he stuck to coitus reservatus. He argued that without a prolonged coitus his wife would remain unsatisfied. When it was pointed out to him that his

great solicitude for his wife's pleasure was not in evidence in matters other than sexual, he at first tried to justify his behaviour by giving a special importance to sex and later shifted his point and said that he himself wanted to enjoy the pleasure of coitus as long as he could. After a good deal of persuasion he agreed to give up the habit, but in spite of his best efforts the tendency to prolong the act persisted. Even when he was extra careful and stopped all actual attempts at prolongation the mental inhibition remained. He found that although with some strain he could continue the copulatory movements without a break, the orgasm would still be late in coming. At this stage analysis brought out certain peculiar sexual attitudes of the patient. His scatalogical symptoms were found to be associated with unconscious female pregnancy wishes. He had a strong inclination to retain semen and a fear of seminal emission. His desire to hold semen within his own body was correlated to his female attitude. In the unconscious he wanted to receive semen and not to let it out, i.e. he wanted to behave like a woman. Curiously enough he would consider an intercourse satisfactory only when he could feel the discharge. The pleasure element did not count. In fact it was non-existent. The knowledge that the discharge had occurred was to him the sole criterion of satisfactory intercourse. It seems that the female element in him wanted to prevent the discharge and the male element would only be at ease when it had definite information that semen had come out. Very often he would miss this feeling and would remain dull and morose throughout the next day. During sexual intercourse, to heighten his excitement, he would conjure up the images of powerful males with big erect penises. He himself had the small penis complex. Analysis showed that the female in him had to be satisfied by conjured up male images before he would feel the male urge himself. The sight of a naked female, on the other hand, or of the female genitalia, had no attraction for him. Fore-pleasure activities were to him more important than the realization of the end-pleasure, and he wanted to prolong the fore-pleasure period as much as possible. I have already said that orgasm was not associated with any pleasurable sensation in his case, and he took a long time to appreciate his abnormality in this respect. His fore-pleasure activities also were divested of actual pleasurable sensations. All sexual activities were dominated by the idea of act to be done rather than pleasure to be enjoyed. The feeling of completion was the source of his satisfaction. Auto-erotic repression was complete. He did not experience pleasurable sensation anywhere in

the body. The only exception was the external auditory meatus, the tickling of which gave him pleasure as distinguished from satisfaction.

One feels that Batsayana must have come across cases of this type when he distinguished between sexual pleasure and sexual satisfaction. He says that satisfaction may arise in four different ways. In the first class belong all those acts which are not pleasurable by themselves, but which when repeatedly practised lead to the formation of habits. The performance of such habitual acts gives rise to the feeling of satisfaction. Physical exercise belongs to this group. In the sex sphere in certain persons certain specific accustomed acts must be gone through before sexual satisfaction is obtained. This holds true both for the male and for the female. The pleasure in such cases is referred to the act itself which becomes pleasant, i.e. the pleasure is objectively determined. Sometimes the pleasure is referred to the ego instead of being attached to the act ; such acts may or may not be habitual, and they carry with them no inherent pleasure sensations. The satisfaction has no bodily basis. It is entirely of the mental order. Batsayana places this type of satisfaction in the second class, and calls it *abhimaniki* or egoistic. As an example of this type, Batsayana mentions the satisfaction that a woman gets by fellatio. The act itself does not provide any pleasurable physical sensation to the woman ; it may not be habitual either. The last case that I described had this form of satisfaction. When the satisfaction comes out of the memory of a past experience or an imaginary situation projected on the present one, the satisfaction has its basis in make-believe or imaginary wish fulfilment. This is the third type of satisfaction. I shall presently cite a case in point. The fourth type of satisfaction has its basis in pleasurable bodily sensations, e.g. the satisfaction that arises out of a pleasurable orgasm. The reference is objective. It is the sensation that is considered pleasant.

Batsayana considers this last form of satisfaction to be the most important and most common. He further mentions that the other three forms are really modifications of this primary type.

The distinction between pleasure and satisfaction may at first sight appear to be a finesse to some, but psycho-analytical experience proves the great practical importance of this division in the sexual sphere. In the disease commonly classed as periodic depression a large number of patients shew a disorder of the mechanism of satisfaction. The feeling of satisfaction, which arises out of an act pleasantly or properly done, is entirely wanting. There is no impairment of pleasurable

sensations as such. The patient, for instance, can easily distinguish the subtleties of flavour and taste and other sensory enjoyments; when pressed for an answer he can correctly say whether a particular sensation has a pleasurable quality or not, yet at the same time he does not get any satisfaction in the experiencing of pleasant sensations.

I shall now cite a case who shews the 'make-believe' type of satisfaction in an extraordinary degree. The case has other features as well which will enable us to understand the mechanism of prolonged coitus and its attendant maladjustments.

Case No. 733.—The patient suffers from periodical attacks of fright resembling nightmare coming on both during waking and in sleeping states. In the presence of superiors obsessional ideas of defiance and active sexual assault trouble him. He is deeply religious but whenever he tries to worship his deity offensive and insulting ideas come into his mind. He finds no pleasure in life except in his professional work and in sexual intercourse. He is ill at ease outside his office hours unless he is actually engaged in coitus. He has a sort of compulsive urge for it, and would have on an average about twenty intercourses per month. His wife sometimes refuses to submit on grounds of ill health and want of desire. Such refusal always makes him angry. He would like his wife to make the sexual overtures and to excite him. During coitus he would ask his wife to imagine and to express aloud that she was being enjoyed by some other male. He would ask her in this connection to mention the names of his male friends one after another. He would himself repeat the same names. The satisfaction would never be complete without this make-believe. Curiously enough his wife finds greater pleasure in mentioning the names of females rather than males, and the patient himself has to accede to her wishes sometimes. In such a situation his tendency is to mention the names of females who are near blood relations, e.g. his own daughter, sister and mother. When the act is over he repents having done all this, but cannot resist repeating the same procedure on the next occasion. He has at all other times sexual jealousy regarding his wife. The duration of coitus was about twenty minutes before he was taken up for analysis. To the patient fore-pleasure activities had a far greater charm than actual intercourse. To quote his own language 'romance was infinitely better than sex'. In fact he thought that sex should be altogether abolished from his life to enable him to progress spiritually.

This case has certain points of resemblance to case No. 212 pre-

viously mentioned. That patient increased his excitement by conjuring up the images of naked males, and this one mentioned the names of his friends and acquaintances and asked his wife to behave likewise for the same purpose. In both cases it was the female half of the ego that had to be satisfied before erection would be strong. Case No. 733 complained that very often in spite of all these efforts the erection would be weak and the orgasm would take more than half an hour to come. In a previous article I cited the history of a person who could get erection only when he had seen his wife submit to an intercourse by one of his friends whom he would call on purpose. The mechanism of sexual excitement in all these cases is identical. The female half must be satisfied either in imagination or by identity before the male is set free. The jealousy of case No. 733, which sometimes would almost amount to a delusion, was traceable to the feminine component of the ego. The female in him wanted promiscuous sexual intercourse, and the male half of his personality tried to keep it down and was afraid lest it should get out of control. This fear concerning his female half when transferred by the mechanism of 'identification' to his wife made him jealous. Jealousy was thus a repression effect of his feminine sexuality. During sexual intercourse this repression would be temporarily lifted, and the idea of his wife's having sexual relations with others, so repugnant ordinarily, would at once take on a pleasurable colouring and he would have a make-believe that it was true.

Analysis revealed the existence of phantasies of naked women dancing about and soliciting intercourse. He had also a similar dream. He never thought of sexual pleasure on his own account. He felt satisfaction because his partner felt pleasure. Like patient No. 212 he had never felt any pleasure in orgasm. His wife's behaviour during intercourse engrossed his whole attention. As the repression of the feminine traits was removed by analysis, the patient's sexual attitude changed. The satisfaction that came out of mentioning names disappeared. The orgasm was felt to be pleasurable and the duration of coitus came down to about five to seven minutes.

I have cited above only a few cases to illustrate my points, I shall now summarize my observations on prolonged coitus.

A long duration of coitus is not to be taken as a sign of virility; on the other hand, most often it is an index to repression of feminine cravings on the part of the male. It is the female attitude that prevents the orgastic tendency from coming to a head. There is often auto-erotic repression as well in such cases, so that real sexual pleasure

is wanting and it is sought to be compensated by the feeling of satisfaction, from which standpoint the completion or carrying out of the act becomes more important than the realization of pleasure. The normal pleasure drive is replaced by a feeling of ' duty ' or a sort of obsession.

The replacement of pleasure by satisfaction as a result of auto-erotic repression makes coitus a comparatively dull and uniform affair. The curve of satisfaction has not the crescendo character of the normal pleasure curve in coitus. When coitus is determined by pleasure drive, the natural tendency is not to tarry at any of the intermediate stages, but to reach the orgasm which is associated with the climax of pleasure without hindrance. The aim is to get the maximum pleasure with the minimum delay and a tendency to repeat the process if necessary. The fore-pleasure and even the pleasure of the early stage in coitus are insignificant compared with the pleasure of orgasm that is in view. When the crescendo curve of pleasure is replaced by the flat curve of satisfaction, duration acquires a greater significance than intensity and the tendency to tarry in the course of the act becomes marked. Prolonged intercourse is invested with a higher value than repeated intercourses. Fore-pleasure becomes more important than end-pleasure. Complete adjustment in these cases is an impossibility unless the auto-erotic repression is removed. When there are no accompanying troublesome symptoms, the sex peculiarities of such persons go unnoticed. The affected person considers himself to be more virile than his friends and acquaintances. He may even boast of his capacity to satisfy any woman. The risk of a break-down, however, is always there. Besides, such individuals are incapable of true hetero-sexual love owing to the repression of their female traits. Their general outlook towards life is also distorted.

I do not maintain that long duration of coitus is always a sign of disordered sex development. I have already admitted the possibility of existence of *urdhareta* persons. I should, however, like to emphasize that in most of the cases where with uninterrupted movements the duration is habitually above eight minutes, some disorder does exist. I base my assertion not only on the strength of analytical findings in mental patients, but also on quite a fair number of observations of persons regarded as normal. In all these cases the long duration is a sign of weakness of libido rather than its strength. I have repeatedly come across cases in which sexual weakness was the main complaint, and erection, as a rule, weak or absent. Such patients when they

undergo treatment often show in the early stages of improvement long duration without orgasm. Later on, when orgasm appears, the duration becomes normal. Havelock Ellis cites Jäger and Moll, who assert that in castrated men the duration of erection is longer than in normal persons.[4] Old men also sometimes exhibit a similar characteristic.[5]

Premature ejaculation may also be a sign of sexual weakness. The organic factor determining such a disorder has always a psychological counterpart capable of being investigated psychologically. Unfortunately my experience of these cases is not very large. The few cases that I had the opportunity of analysing shewed repression of the sadistic component of the ego and male exhibitionism. I do not know how to correlate these facts with the mechanism of ejaculatio præcox. Any explanation that I might offer would be mere conjecture, so I refrain from discussing this topic any further. Abraham has also noticed repressed sadism and narcissism in such patients. Abraham finds ' in men who suffer from ejaculatio præcox that genital sensitivity is centered on the perinæum, the penis being relatively unexcitable. This region corresponds developmentally to the Introitus Vaginæ '. ' Psycho-analysis reveals in them a high degree of repressed sadism.' Abraham notices that ' a great part of the sexual resistances of these men is explained by their narcissism '. Abraham believes that repression of sadism makes the woman safe from such men. The narcissism is utilized in humiliating the wo man.[6]

Many people with a normal duration of coitus, viz. one-and-a-half minutes to five minutes, have the idea that they are victims of ejaculatio præcox and of seminal weakness. This wrong notion leads to unnecessary worry, particularly when the sexual partner takes a longer time for discharge. Hitherto I have been discussing coitus from the standpoint of the male alone. Hysteric females having sensitivity of clitoris and orgastic inhibition, show an exactly corresponding mechanism. The repressed male wishes constitute the factors responsible for retardation of the orgasm. There is the same absence of pleasure of the crescendo type and the same tendency to prolong fore-pleasure activities as in the male. These cases are pretty common, in fact so common that some learned Indian sexologists before Bat-

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[4] H. Ellis, *Analysis of the Sexual Impulse*, 1913, p. 10.

[5] *Ibid.*, p. 238.

[6] This JOURNAL, Vol. I, pp. 279, 282.

sayana were misled into thinking that the female has no orgasm and that her pleasure is continuous and does not meet with any climax.

Since, compared with the female, the male has, as a rule, an earlier orgasm, a question of great practical importance arises, viz. how to ensure her satisfaction which is so essential to conjugal happiness. A male having ejaculatio retardata enjoys an advantage over the normal person in this respect ; but as I have pointed out, this advantage is secured by the sacrifice of the capacities for finer heterosexual love and a healthy outlook on life. The normal man has thus sometimes to face a difficult problem, viz. how to keep his sexual partner satisfied and at the same time maintain his capacity for finer love. It is not possible to psycho-analyse all cases of orgastic incompatibility with a view to adjusting them. Some commonsense method easy of application must be found to help the average male. I think the best solution has been given by Batsayana. He has given us tips which are invaluable and I have incorporated them here.

Batsayana holds that the mechanism and type of satisfaction in each individual case must be studied by the parties themselves and suitable measures should be adopted to ensure it. Very often bashfulness in the female or a sense of delicacy in the male stands in the way of such investigation. Batsayana says that a woman should be modest at all times except during coitus, when shamelessness is to be regarded as a virtue. A certain amount of roughness and aggressiveness on the part of the male always pleases the woman. According to Batsayana even a woman with habitually delayed orgasm will have a quick discharge when roughly handled and struck on the head, breast or buttocks by the male in the ardour of coitus. Exclamations and gestures of intense pleasure on the part of the male hastens the orgasm in the female, and this is the factor that generally determines the simultaneity of discharge in the sexual couple. The orgastic peculiarities of the female must therefore be carefully studied by the male partner when simultaneity is aimed at. The male very often commits the mistake of starting the coitus too early. The female must be thoroughly excited by embraces, kisses and other measures before intromission is attempted. There are women who can be sexually roused by special manipulations only, e.g. sucking the breasts. One breast may be insensitive while the other remains responsive. Even in the case of males who are cold, sucking of the nipples by the female may lead to excitement and erection. The effective erotogenic zones of the female should be sought and stimulated. Batsayana says all

those parts of her body to which the woman turns her gaze during coitus should be caressed. The vaginal canal must be thoroughly moist and soft to the touch before intromission is effected. Batsayana advises even fingering to ensure this when the usual caresses fail to bring it about. Fingering is an art that has to be studied. Sometimes the clitoris requires titillation, sometimes the urethral opening, and sometimes the vaginal canal itself. Where there is a deficiency of normal discharge, lubricants may be used. In trying to excite the female the male often comes to a high pitch of excitement himself and spends too soon. This difficulty disappears in time when the novelty wears off after a few intercourses. After the intercourse has been started, measures previously known to be effective to bring about orgasm in the female should be employed by her partner. Batsayana says that a person who engages in coitus without adopting measures to ensure the satisfaction of his partner is no better than an animal.

Contraceptive measures of whatever kind tend to interfere with the delicate orgastic mechanism of woman. The wish to receive semen and to be impregnated is very strong in some females. It is often openly expressed. The fulfilment of this wish facilitates orgasm. Where there is avowed objection to child-birth and conscious disgust for semen on the woman's part psycho-analysis will invariably reveal unconscious pregnancy wishes. Even if an ideal method could be found to prevent conception the mere knowledge that the coitus is not going to be fertile is bound to affect the woman. It may be that the interference is negligible. On the other hand I have known about females who do not get any orgasm so long as contraceptive measures are employed. Again, child-birth and suckling children hasten orgasm in women. In hysteric patients child-birth often cures sexual anæsthesia. Simultaneously with this improvement the erotic primacy of the genital canal is established and the clitoris loses its sensitivity. Women who suckle infants or who have to look after children can stand unsatisfactory coitus much better than those who have no such occupation. The mother and the wife are inseparably and intimately associated in the woman's nature, and healthy development of the one goes to ensure proper and normal functioning of the other. The motherly cravings can only be fully satisfied by nursing a helpless child. Grown-up sons and daughters would not serve this purpose. Hence repeated child-births, in spite of their disadvantages, are conducive to the mental health of the mother. When she gets past the child-bearing period grandchildren often play the part of her own children.

When measures to hasten the feminine discharge fail, it is then only that the male should try to retard his own orgasm. If the advice just given has been followed, such measures will be rarely called for. The male who does not indulge in sexual acts too often and who confines himself to one woman can usually maintain his erection even after the discharge has occurred, and can continue movements, thus ensuring orgasm in the female when it is a little late in coming.

Methods to retard male orgasm should be employed with caution. Coitus reservatus necessitating periodic stoppage of movements, has been known to produce nervous disorders in hereditarily predisposed persons. It is interesting to note that none of the reputed Indian sexologists recommends this procedure. Three types of methods have been prescribed by them. Kokkoka advises that when the male finds the orgasm impending and wants to delay it he should divert his mind to some other situation such as imaginary contemplation of a natural scenery or a painful experience. A method that has been specially recommended is to think of a very agile monkey jumping from branch to branch on a tree in rapid succession. Batsayana recommends that quick little taps should be administered by the male to the buttocks of the female. It will be noticed that quick rhythm or its idea is what is aimed at. Belonging to the second type is the method recommended by Kokkoka. This consists in applying firm pressure to the root of the scrotum (perinæum is meant), and at the same time holding the breath and diverting the mind to some other situation. To develop the power of retardation regular exercises have been prescribed by some authorities. These aim at gaining control over the anal and urethral sphincters. The third method is the use of medicines to control orgasms. Cannabis Indica and its preparations enjoy a high reputation amongst the laity in this respect. Sandor Rado in his article on ' The Psychic Effects of Intoxicants ', writes: ' In comparison with the abrupt curve of genital orgasm, the course followed by pharmacotoxic or pharmacogenic orgasm is generally a long drawn out one '.[7] According to Batsayana medicinal measures should only be taken as a last resource and when all other efforts have failed.

Whatever may be the method employed to prolong the time of coitus, it is bound to have an effect on the normal crescendo curve of pleasure. The curve is bound to be flattened out to some extent, and what is gained in time is lost in intensity. I do not know of any

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[7] This JOURNAL, Vol. VII, p. 401.

procedure which would lengthen the duration and yet maintain the peak of the pleasure curve at its normal level. Persons with ejaculatio retardata whom I analysed and who previously boasted of their sexual prowess admitted to me later on, when the retardation disappeared, that the pleasure which they had formerly experienced was nothing compared to the pleasure they were now experiencing with shorter time. In a few cases their partners did complain at first, but when proper measures were adopted they too had earlier orgasm. It is popularly believed that women, even when they get orgasms in normal time, prefer to have a long intercourse so that they may experience several orgasms successively. This popular view has also been supported by some sexologists of repute. I am of opinion, however, that this state of affairs is not normal. Repeated orgasms in the woman coming at short intervals are a sign of inhibition. The pent-up sexual tension is liberated in instalments. My analysis of a few cases of this type supports this view. Young men who have no opportunity for sexual intercourse and who do not masturbate have often nocturnal emissions of this type. There may be more than one emission in the same night or during successive nights, and then a long period of rest extending over a month or more. Women in whom the whole amount of sexual tension is relieved by one orgasm do not crave for more. Such an orgasm is followed by a feeling of complete satisfaction, and any further effort at intercourse by the partner is resented. I am of opinion therefore that, given a normal couple, an intercourse lasting for a minute and a half to five minutes, and conducted with proper regard to individual peculiarities, will give complete satisfaction to both the partners. If any partner remains unsatisfied the intercourse may be repeated after a suitable interval or even next day without harm to the unsatisfied party. Under normal conditions repetition ought to be far more pleasurable than prolongation. If there is maladjustment, the abnormality is to be detected and remedied if possible by the parties themselves. In cases of gross abnormality a specialist may be consulted. Retardation is to be attempted only as the last resource.

I am bound to admit that our knowledge of the mechanism of orgasm in males and females is as yet far from satisfactory. A rich harvest awaits the future worker in this line.

AFFECTS IN THEORY AND PRACTICE[1]

BY

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In the early days of psycho-analysis affect played a leading rôle in theory and in practice. Freud's first hypotheses were framed in terms of ideas rendered dynamic by their emotional charges. Thus, the hysteric was said to suffer from repressed painful reminiscences and cure was held to follow the recovery of these memories, together with the adequate discharge of the associated feelings. The essence of cure by catharsis was abreaction of affect. Psychic tension appeared first as feeling-tension, and conflict as conflict between ideas with incompatible feeling-charges. Soon, however, Freud's investigation of the repressed unconscious brought him up against problems of instinct. With the formulation of the libido theory and the conception of conflict as conflict between ego and sexual instincts, the ideo-motor terminology lapsed into disuse. To-day the language of instinct holds the field in theory. Thus, we speak of cathexes of objects rather than of the emotional charges of ideas and tend, in practice, to regard these two expressions as synonymous, though the precise relation between instinct and affect is by no means fully understood as yet. The modern concept of the three-fold structure of the mind is a concept of an unorganized id-reservoir of instinct out of which organized ego and super-ego systems are differentiated. We regard instinct as the source and stimulus of psychic activity. We regard mind as an apparatus for the regulation of instinct-tension and as the mediator between instinct and the outer world. We think of the development of mind as progressive organization, adaptation and modification of instinct. Nevertheless, we are also accustomed to think of development as progressive mastery of anxiety, an affect concept, and we do not hesitate to equate instinct-defence with defence against the emergence of intolerable affects. But, until quite recently, very little attention has been paid in theory to affects as such, apart from anxiety and from some studies of special emotions such as pity and jealousy. Indeed, Federn's last paper (2) contains the first systematic theory of affect in the literature.

[1] Read before the XIV[th] International Psycho-analytical Congress, Marienbad, August 6, 1936.

In spite of this temporary eclipse in theory, in practice affect has never lost its importance. Whatever differences of opinion exist as to principles of technique, no analyst fails to pay attention to his patient's feelings. Diagnosis, prognosis and criteria of cure all involve some estimation of affectivity. Indeed, patients themselves leave us in no doubt here. With few exceptions, they one and all complain of some disorder of feeling and tend to estimate their own progress by changes in their feelings and in their ability to cope with them. In practice we find our way only by following the Ariadne thread of transference affect and go astray if we lose contact with this. It is time that we restored affects to a place in theory more consonant with their importance in practice. This paper is an attempt to clear the ground by reviewing briefly some of the cardinal problems of affect.

Probably every analyst would agree with the general statement that affects have a peculiarly intimate relation with instincts but that they are essentially ego-experiences. As Freud said years ago: 'It is surely of the essence of an emotion that we should feel it, i.e. that it should enter consciousness' (7, pp. 109, 110). Further, we should probably agree that affects constitute a specific kind, or mode, of ego-experience; that they vary both in quality and quantity and that individuals differ markedly both in the range and in the intensity of their affectivity. It is when we try to make these general statements more precise that we get into difficulties.

In the first place it may be argued that, since affect is so closely related to instinct, it is putting the cart before the horse to attempt to arrive at a theory of affect before we have achieved a complete theory of instinct. Recent literature offers abundant evidence that our theory of instinct is still in the melting-pot. But, if we consider this welter of discussion, we perceive that it does not tend to any discarding of the primary working hypotheses formulated by Freud but, rather, to the re-examination and re-casting of these hypotheses in forms more consonant with our growing knowledge, particularly of the early stages of development. For instance, the libido theory is not wrong; it is only that, as originally stated, it now appears in some respects to be inadequate and, in others, to be too rigid. Further, it need make little difference to our study of affects as such whether we accept the death instinct or its variants 'Destrudo' (27) and 'Mortido' (2, p. 6), or whether we lean to the more readily demonstrable instinct of aggression. For instance, the inter-relationships of fear, guilt and hate traced out by Ernest Jones (15) are not altered whichever view we

take. So far from waiting on the theory of instinct we might reasonably expect that a closer study of affect would contribute to the solution of some of the problems of instinct. The layering of affects described by Ernest Jones corresponds to their genetic sequence. Fuller knowledge of these sequences, and of what Glover calls the compounding of affects (12, p. 139), might provide a useful index to the stages, phases or positions of mental development.

Our notion of the relation between instinct and affect will vary according to whether we believe that impulses can themselves be conscious or not. Freud writes: 'If the instinct did not attach itself to an idea, or manifest itself as an affective state, we could know nothing about it' (7, p. 109). This notion, that instinct can be represented in the mind either as an idea or as an affect, is also expressed by Nunberg (21, p. 174). He describes affects as the most direct derivatives of instinct in the psyche, where they easily combine with the other representatives of instinct, images and ideas. This alternative representation calls to mind Freud's description of consciousness as a sensory organ having a double surface of perception (4, p. 528), external and internal, and suggests that ideas are external surface phenomena, whereas affects arise from stimulation of the internal surface. This tends to align affects with organic sensations, and is getting very near to the James-Lange theory, criticized in our literature by Kulovesi (19). Actually, we recognize that affects are very closely linked with organic sensation but we usually differentiate between the sensory and emotional elements of an affective experience. Freud distinguishes anxiety from other affects by the fact that stereotyped organic reactions seem to form an integral part of it (8, p. 75). Certainly, in his earlier papers, he ranged affects on the efferent rather than the afferent side of the instinctual arc. Thus he writes in 1915, 'ideas are cathexes—ultimately of memory-traces—whilst affects and emotions correspond with processes of discharge, the final expression of which is perceived as feeling' (7, p. 111). And also 'Affectivity manifests itself essentially in motor (i.e. secretory and circulatory discharge) resulting in an (internal) alteration of the subject's own body without reference to the outer world; motility, in actions designed to effect changes in the outer world' (7, p. 111, foot-note). This discharge idea is still present in *Inhibitions, Symptoms and Anxiety* in the suggestion that affects may be the normal equivalents of hysterical attacks but in a much wider connection. Freud there defines anxiety as a precipitate but not necessarily a complete repro-

duction of birth experience and queries whether all affects may not be such precipitates, possibly of phylogenetic experiences (8, p. 76). This is a notion not far removed from his earlier definition of instincts themselves as being, ' at least in part, the precipitates of different forms of external stimulation, which in the course of phylogenesis have effected modifications in the organism ' (6, p. 64). All our modern conceptions of the relation of anxiety to symptom-formation and of its rôle in development contradict the idea that affect is itself a discharge and support the view that it is a tension-phenomenon impelling to discharge either in the outer or the inner world. Both the fact that affect is a mode of consciousness and clinical experience incline us to place affect, both topographically and in time-order, in the middle of the instinct-reaction arc. Affects which appear to arise spontaneously always have unconscious stimuli and, in practice, we find affectivity tends to be high where frustration, particularly internal frustration, is marked. Wälder distinguishes neurotics from other mental patients by their hyper-affectivity, which he equates with disorder of instinct (25, p. 93). Glover thinks that ' The primary obsessional state is essentially an affective state or, rather, a sequence of alternating affects having very simple unconscious ideational content ', and that all the complicated obsessional rituals ' have the same object in view, viz. to provide an ever more complicated meshwork of conceptual systems through which affect may pass in a finely divided state. When, for some reason or other, these rituals are interfered with we observe once more the existence of massive affects (12, p. 137). A patient suffering from conversion hysteria realized very early on that she either developed symptoms or ' felt rotten '. Nobody could teach her anything, or change her opinion, about her motives for forming symptoms. In practice one can often observe not only symptoms but impulsive behaviour which is designed to short-circuit affect development. I have one patient who regularly feels the strongest possible urge to break off analysis at once whenever she is threatened with any considerable dose of transference affect.

The conception of affects as tension-phenomena is, of course, in line with Freud's earliest formulations of the working of the psychic apparatus and the pleasure-pain principle (4). On the quantitative side we have, I think, to conceive of some threshold above which instinct-tension becomes appreciable as affect, and of a higher threshold, which may be attained either by the strength of the stimulus itself or by damming due to frustration, above which affect becomes intolerable

and necessitates some immediate discharge, either outwards or inwards. Weiss' views on the analogies between bodily and mental pain accord with this (26). The fact that all affects are either pleasurably or painfully toned and not infrequently mixed, indicates some general relationship between degree of tension and pleasurable or painful toning, but the precise relations are still exceedingly obscure. As Freud noted in regard to erotic tension (5, p. 68), it is quite obvious that very high tensions of pleasurable affect can be enjoyed, whereas very low tensions of painful feeling can be intolerable. Qualitative factors have also to be taken into account. Further, if one puts Freud's earlier views on the production of pain (6, p. 67) alongside his latest views on the development of anxiety (10, p. 122, 3) one feels that one is approaching a situation in which pain and anxiety are the same thing and all instinct-tension threatens to become anxiety-tension. This would do away with what Freud himself has always insisted on, namely, the variety of instinctual impulses existing in human nature. It seems safer to suppose, as McDougall does (20, p. 47), that every primary impulse gives rise to its own qualitatively specific affect (and probably also has its own quantitative thresholds). Certainly, the whole situation is greatly simplified if (following Ernest Jones, 16, p. 278) fear is recognized as a primary emotion which does not have to be derived from libidinal or aggressive instincts, but is easily aroused in connection with them.[2] It accords with Freud's notion of the essence of anxiety as anxiety of helplessness (8, p. 126) and does not contradict the view of birth as the prototype of human anxiety experience. The first fear situation in life must leave its stamp on the psyche and tend to be reactivated in later situations which involve the same primary affect. In fact, it seems to be a notion which has sound biological and psychological backing. Moreover, the three types of response to fear which one can observe in animals, namely, flight, immobilization, and attack, one can also observe in infants, and they have their parallels in psychic activities. The difficulty is, of course, to sort out what are primary instincts and emotions. It often appears that the same instinctual impulse may give rise to a variety of feelings and, moreover, we never have to deal with single impulses. But fusion of impulses and variation of affect takes place

[2] The clinical relations between anxiety and sadism are well established (17). The relation of fear to ' self-preservation ' and the position of the latter in the Eros-Death classification are still far from clear.

in relation to objects. Clearly, we shall not get any further by considering the relation of affect and instinct without taking into account their ego-connections. Here, the most hopeful approach would appear to be the developmental one.

Classifications of the contents of consciousness or modes of ego experience are all based on the introspections of self-conscious adult egos. What is the state of affairs in the dawn of consciousness in the infant? Here we can only speculate, but what inferences can we draw from clinical evidence and from our all too scanty records of the behaviour of infants in arms? It becomes more and more apparent that the earliest hypotheses were vitiated by the usual type of fallacy, by the attribution to the baby of an integral ego of the adult type. I am myself convinced that Glover is right in considering 'that the earliest ego tendencies are derived from numerous scattered instincts and converge gradually until, about the age of two, a coherent anal-sadistic organization is established' (11, p. 8), and that, in the beginning, there are as many ego-nuclei as there are more or less definitive reaction systems. After all, we know from observation that consciousness is at first intermittent and discontinuous. The new-born baby spends more time asleep than awake, and waking, when spontaneous, is usually due to some need or discomfort. When enforced it is frightening. In either case it is often highly emotional. Infantile reactions are full of feeling and of the all-or-none type. For the time being the baby is psychically living wholly in the immediate present experience, with nothing corresponding to the adult perspective. The point is that each of these sporadic flashes of consciousness is an ego-experience in so far as it is conscious and it leaves a memory-trace which can be re-activated and which may be regarded, from the point of view of ego structure, as an ego element. Any such element stamped in by repeated experience could form an ego-nucleus and it is not difficult to see that it must come about that an instinctual oral primacy will correspond with an ego-oral-nuclear primacy, nor why it is that early linkages occur between different ego-nuclei, or how varied these linkages can be. Thus the complexity of oral symptomatology, stressed by Melitta Schmideberg in an unpublished paper on eating disturbances, reflects the range of variation which is possible in the character of the initial nuclei and in their early linkages. From analysis one gets the impression that linkages occur very easily through simultaneous or rapidly succeeding activation of different nuclei in relation to a common object. It is not, however, ego-development as

such which concerns us here, only the connections with affect. Affect, as inferred from its expression in behaviour, can be aroused by internal conditions or by external happenings. It is influenced both by the internal need and by the nature of the response from the outer world with which this need is met. The affect manifested is, in fact, the index to the fate of the impulse and to the nature of the beginning psychic object-formation. A good external object is one which satisfies instinct and so produces a state of contented feeling. The good or bad nature of the psychic object will be determined by the pleasant or unpleasant feelings experienced in relation to it. Or, as Joan Riviere expressed it (23, p. 418), a good feeling creates a good object, a bad feeling a bad object. Nowhere, perhaps, is the constant interplay between external and internal reality more obvious than in the realm of affect.

At the beginning of mental life we are accustomed to posit a phase, prior to object-differentiation and cathexis, that we label primary identification. This initial stage is, by definition, lacking in cognitive discrimination. It is presumed to be a state of feeling-awareness but it can scarcely be devoid of sensory impressions. The very ambiguity of the English word ' feeling ' indicates that this state is a fusion of sensory and affect awareness. The child must sense the breast, for instance, before it begins to perceive (i.e. recognize) it, and it must feel its sucking sensations before it recognizes its own mouth. It will develop recognition wherever there is a basis for it in sensory experience. Thus knowledge and cathexis of self and knowledge of the external world and object cathexis will proceed simultaneously. Freud said ' The ego is first and foremost a body-ego ' (9, p. 33), but it would seem that there might be advantages at this stage in saying that the ego is at first a series of sensation-egos, part-body part-object nuclei. Joan Riviere shewed the importance of organic sensations in relation to internal object formation in her Vienna paper (23).

The child is first concerned with objects only in relation to its own feelings and sensations but, as soon as feelings are firmly linked to objects, the process of instinct-defence becomes a process of defence against objects. The infant then tries to master its feelings by manipulating their object-carriers. The mechanisms of introjection and projection are essentially methods of mastering feeling, phantasied as concrete dealings with objects. In practice we usually find that wherever a symptom, e.g. diarrhœa, occurs that can be interpreted as anxious expulsion of bad internalized objects, it has also to be under-

stood as an attempt to get rid of undesired affects. For example, an obsessional neurotic carried her child to term by the help of recurrent attacks of diarrhœa. She did protect her child by expelling fæcal bad objects, but what she was trying to cure in herself by this process was her ambivalent emotional conflict.

The sharp contrast which appears to exist in infancy between good and bad objects is, perhaps, partly the result of the completeness of the alternation of early feelings (the infant in a rage is a different infant psychically to the contented baby) and, perhaps also due to the fact pointed out by Hardcastle (13, pp. 9, 10) that the baby, at first, probably cannot distinguish between the real sensation and the hallucinatory image evoked during privation. This unsatisfying image may not only force the child towards reality as Freud thought, but also form a constant focus for 'bad object' formation.

It is clear that affects must play an important part in the progressive organization of the ego, although we have always to remember the reciprocal action which goes on here, by which affects themselves become modified through their organization in ego systems. The child who urinates happily after sucking to its heart's content will establish a very different type of linkage between its oral and urethral ego systems to the one perpetually wetting itself in angry privation. In general, those nuclei will tend to integrate and those feelings to blend which are similar. Freud's 'pure pleasure ego' (6, p. 78) may never have actual existence, but we accept ego-synthesis as a function of libido. It is positively-toned 'good' objects with their correlated 'good' body-systems which provide a stable core for the slowly growing me-system, the co-ordinated personal ego which seems to emerge about the second year. The appearance of this definitive 'I', with its capacity for self-consciousness as distinct from what academicians used to call simple consciousness, corresponds with the transition described by Melainie Klein (18, p. 147) and Joan Riviere (23, p. 413) from part-object relationship to total object appreciation and cathexis, a transition which, in Klein's opinion, regularly ushers in a depressive position due to the accompanying recognition of its ambivalence towards its objects. This primitive ambivalent 'I' may resort to the manic defence (22) of denying its own aggression and, as Glover pointed out (12), it may begin to employ the wide range of obsessional manœuvres to preserve itself from the melancholic and paranoiac situations which its alternations of feeling tend to produce. I should like to interpolate here that I doubt whether any human being

ever achieves complete object-formation in the sense of discarding part-object relationships, any more than anyone achieves complete ego-integration. It is a question of degree.

It must be in the early definitive ' I ' stage that affects begin to become co-ordinated into enduring attitudes of love and hate towards real persons. We should, I think, avoid a good deal of unnecessary confusion if we used different words for different grades of affectivity. It is true we have not yet decided what the primary affects are, though we have seen that there is a good case for recognizing fear as such, but we are justified in supposing that, in so far as they are qualitatively distinct, they are simple, e.g. appetitive longings, anxieties and angers. Ernest Jones' grouping of instincts under the headings ' attraction ' and ' repulsion ', ' like ' and ' dislike ' (14, p. 261), might well be applied to affects. Alexander's vectors (1, p. 406), incorporation, elimination and retention, express the logic of impulse rather than of the emotions themselves and are paralleled by the major defence mechanisms. They do not contribute towards qualitative discrimination amongst affects. But one can group affects qualitatively as sympathetic in the literal sense, or antipathetic.

If we keep affect as a generic term, in English the word ' feeling ' would seem to me the best to reserve for these earliest waves of relatively undiluted affectivity, which may be objectless in the adult sense but which are invariably associated and closely interwoven with sensations. The first affects connected with objects, affects arising in ego-nuclei in relation to relatively simple part-object systems, might rank as the first emotions.[3] The attitudes, which are not in themselves emotions, but which are dispositions to experience certain emotions about certain objects, we might conveniently call sentiments, the term used by Shand (24, p. 50). I believe that we could learn a great deal from more detailed study of the vicissitudes of emotions and the genesis of sentiments.

But there is a further complication. We not only have to deal with pre- and post-personal periods of ego and affect development. We also have to cope with ego-differentiation, wirh super-ego as well as ego integration. Most English analysts tend to agree with Melanis Klein (17) as to the early beginning of super-ego formation, but it ie

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[3] But compare McDougall (20). Ernest Jones suggests that emotions may be distinguished from simple feelings by their more extensive bodily reverberations.

still mysterious why some introjections result in super-ego identifications and others in ego-identifications. A clue is perhaps to be found in the tendency of good objects to be assimilated to the developing me-systems. In the adult, the line between ego and good super-ego or ego-ideal is seldom so sharply defined as between ego and hostile super-ego. The infant wants, above all, to avoid painful feelings, so from the beginning bad systems tend to be isolated, except in so far as they join with one another to form composite bad systems. It has to be emphasized that all presentation systems are ego-object systems, however rudimentary,[4] and all have an origin in sensory experience, however distorted this may become in phantasy elaboration. Many such systems may come into existence which never become integrated with the definitive ego, and in this sense, Melanie Klein is right in maintaining that some phantasies revealed in analysis have never been conscious, i.e. in the sense that they have never been accessible to the definitive ego or self-consciousness. This is, doubtless, one reason why some affects are so inaccessible and their associated phantasies so difficult to verbalize. They are, genetically, pre-verbal. Affect language is older than speech. The infant uses its voice to convey its feelings long before it has any words. As Ferenczi (3, pp. 190–1) pointed out it establishes communication with the external world by such feeling-speech as crying and crowing long before it learns to talk. Regression to feeling-speech is not infrequent in analysis of early infantile situations.

We have here a way out of the dilemma provided by the apparent existence of repressed affects. The repressed is, indeed, cut off from the main ego, but it is, in itself, a primitive ego-fragment. A certain paradox exists here in theory. By definition, the id is an unorganized reservoir of instinctual drives and yet the repressed unconscious, which always exhibits some degree of organization, is also attributed to it. It would seem that we should transfer the repressed unconscious to the primitive ego system. In dealing with affects we are dealing not only with impulse-object tensions but also with inter- and intra-ego tensions.

What happens when a repressed fragment of ego-experience comes

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[4] There is no essential contradiction in the conception of the progressive integration of part-egos (differentiated presentation systems) into a personal ego and the notion that ' oceanic feeling ' in the phase of primary identification may be the prototype of mystical experience.

into consciousness? The patient feels the emotion he was formerly unable to endure. If we can reconstruct for him by transference interpretation the conditions which originally provoked this feeling, especially if we can recover the infantile reality-bases of his phantasies, the experience will fall into perspective as a part of his personal history. In structural terms, the dissociated ego-fragment can become integrated with the reality-ego. Abreaction does not do away with the liability to feel, though it reduces the pathological intensity of the infantile emotion. Its major function is to open the hitherto barred path from id to personal ego. Working-through is, in part, a drainage of residual affect pockets, but, in essence, it is a stabilizing process of ego-assimilation and re-integration.

This paper was drafted before Federn's last contribution (2) appeared, and on reading it I find that he expresses some very similar views, but with differences which I attribute, in the main, to his effort to make his theory of affect fit in with his views on narcissism and on ego-boundaries. Thus, he at first contrasts affects with cathexes. He says, 'bei den Objektinteressen tritt das Ich mit einem libidobesetzen Objekt in Beziehung, bei den Affekten mit einem libidobesetzen Vorgang des Ichs selber' (2, p. 13). But he has to admit that affects also arise in relation to cathexes. His definition of affects is 'Affekte entstehen stets zwischen zwei aufeinander wirkenden Ichgrenzen und sind verschieden je nach der Art der Triebbesetzheit des Ichs an diesen Grenzen' (2, p. 14). But he is obliged to go beyond this in the case of some affects, in particular anxiety, which arise inside the ego. On the whole, affects accommodate themselves more readily to nuclear than to boundary conceptions.

In conclusion, I have only time for the briefest possible reference to the practical side. The dynamics of the psyche are the dynamics of affect. We cannot too often remind ourselves in practice that, in dealing with affects, we are dealing with living energy. Whatever the object with which the analyst may be identified at any given moment, and whatever mechanism or combination of mechanisms may be responsible for the creation of the immediate transference situation, the transference relation is always and throughout an affective relation. I have no intention whatsoever of minimizing the importance of intelligence in analysts but it is vital to remember that the process of analysis is not an intellectual process but an affective one. Analysis cannot proceed unless there is established between analyst and patient that mysterious affective contact which we call 'rapport'. We must

interpret affects intelligently, but we can only do this in so far as we make direct contact with them by ' empathy '. It is only by empathy that we can be certain what the patient is feeling. To my mind, empathy, true telepathy, is indispensable to sound analysis. The wisdom we need is a combination of intelligent understanding with emotional intuition. Moreover, we have not only to register and interpret affect in impulse-object terms. We have the further task of analysing the affects themselves. Almost all the affects we meet clinically are highly differentiated end-products. In as far as we are able to unravel the tangled skein of a composite affect, we lay bare a fragment of developmental history. We can not only trace history, we can see history in the making. We can watch the process of affect modification going on under our eyes. We may legitimately express the process of cure in structural terms as permanent modification of the super-ego, but, in fact, we produce this modification only in so far as we enable the patient to re-feel the feelings he originally entertained about the objects he has introjected. The problem of super-ego modification is, in practice, the problem of resolving transference anxiety and transference ambivalence. In the progressive libidinization of transference hate we have the story of super-ego modification. We must have logical theory, but we do not work with theory, we work with living feeling. We should do well to check our theory by constant reference to our working knowledge of affects.

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ON INTROJECTION [1]

BY

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The term 'introjection' is used much more often in this country than in any other psycho-analytical society I know. This does not necessarily imply that the process thus designated is realized elsewhere to a lesser extent. As I consider it my foremost task to dwell on the historical evolution of the idea of introjection, I can obviously devote comparatively only little time to the work done in recent years in this country on our topic. There is no need, however, to suspect any insufficient consideration of this work on my part in any way. On the contrary, the very fact of my choosing this theme shows my appreciation of its importance and springs from my hope of contributing something to it if only in an indirect way.

Projection, introjection and identification are three mechanisms so intimately interwoven that it is impossible to present one of them altogether in isolation. As a matter of fact, I have studied them together, but must for lack of time concentrate merely on introjection. There is one more reason for this: whereas much has been written on projection and identification, introjection has not been treated systematically as yet in analytical literature. It has mostly been confounded with identification, the two being used sometimes almost as synonyms. In Nunberg's textbook, for instance, introjection occurs only once (p. 199) in brackets behind identification. Still, my extracts piled up in front of me so that a sorting out of the material according to one aspect or other was required. All I can assure you of in compensation is that I tried to be impartial and to let the material find its own shape as it presented itself to me. Even so I will have to drop most quotations and I can only give you the barest outline, but I hope you will appreciate, if not what I have to say, at least what I have left out.

Since one important part of our task will consist in defining more clearly the relation between introjection and identification, let us start by reviewing the main steps in the concept of identification in Psycho-Analysis, whereas we can deal with projection in the context. Ever

[1] Based on a lecture given before the British Psycho-Analytical Society on February 3, 1937.

since the introduction of this term into *The Interpretation of Dreams*, identification has won a steadily increasing importance in Freud's work as well as in psycho-analytical literature in general. Freud at first described identification as ' adoption on the ground of the same etiological claim '. Thinking at this stage in terms of genital sexuality only, he nevertheless connects this mechanism already with an underlying impulse. He states that the hysterical person mostly, if not always, identifies herself with persons with whom she has had sexual intercourse, or who have sexual relations with the same person as she herself. This statement in itself remains correct. We can, on the strength of the later discovery of the pregenital sexuality, add to it the specific part-instinct at work, namely oral incorporation. This leads us already to Freud's latest formulation in his *New Introductory Lectures*, where he says :

' The basis of the process is what we call an identification, that is to say that one ego becomes like another, which results in the first ego behaving in certain respects in the same way as the second : it imitates it, and as it were takes it into itself. This identification has been not inappropriately compared with the oral cannibalistic incorporation of another person.'

But there is much more to it than would appear at first sight ! A wealth of discoveries in regard to the inner structure of our mind lay on this road. To mention only the most outstanding ones : the metapsychological significance of identification in love-relations, hypnosis, mass formation and leadership, mourning and melancholia, and ultimately the most astonishing of all : our ego and super-ego can be understood, and understood only, as the outcome of a series of identifications taking place at all stages of our development. There have been a number of surveys about identification, of which I will mention :

Fenichel : ' Die Identifizierung ' (*I. Z. Psa.*, Vol. XII, 1926).

Müller-Braunschweig : ' Beiträge zur Metapsychologie ' (*Imago*, 1926).

Ernst Schneider : ' Die Identifikation ' (*Imago*, 1926).

Schilder : *Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage* (especially chapters 1, 3, 9).

Schilder : *Medizinische Psychologie*, Julius Springer Verlag, Berlin, 1924 (especially chapter 9b).

Schilder : ' On Identification ' (*Body-Image*, 1936).

Rank : *Genetische Psychologie* (2 volumes).

For a more clinical approach see, for instance :

Bonaparte : ' Identifikation einer Tochter mit ihrer verstorbenen Mutter ' (*I. Z. Psa.*, Vol. XV, 1929).

Steff Bornstein : ' Zum Problem der narzisstischen Identifizierung ' (*I. Z. Psa.*, Vol. XVI, 1930).

Fenichel : ' Schautrieb und Identifikation ' (*I. Z. Psa.*, Vol. XXI, 1935).

Landauer : ' Spontanheilung einer Katatonie ' (*I. Z. Psa.*, Vol. II, 1914).

Schneider sees development occurring in alternating stages of integration and trauma, identification being in the service of integration. He looks on identification from a universal-biological point of view, and assumes its taking place in cellular life already. In this he follows the philosopher Driesch. The individual is in its development deranged by the inrush of ever new reality-situations (traumata) and conquers these (integration) by an act of intaking (identification). In this connexion Schneider speaks of progressive and regressive identification.

According to Müller-Braunschweig's paper, which deals with the subject in a more orthodox way, identification takes place in all the systems of the mind, although unconsciously. The actual act itself is said to be unknown. According to his view not only objects or parts of them, but whole scenes, as for instance the parental coitus, are introjected. There is at the same time an introversion of libido and destructive energies, according to the preceding kathexis of the objects concerned. Between the introjected objects a flow of energies is assumed, whose direction is of importance.

We must now leave the subject of identification as such, but will pick up the most relevant points in connexion with our object, as stated most clearly by Freud.

Identification is in itself a most important factor in mental life, probably the earliest form of affective relation to another person, ambivalent in essence, corresponding to the earliest cannibalistic stage of the libido, and to the narcissistic stage of the ego. The object is at the same time preserved inside and lost outside. Identification thus replaces object-relations, no matter whether the objects become inaccessible or forbidding, i.e. bad, hated, in real experience, or the aim of aggression for inner reasons. Each identification is therefore a monument of an object-relation, and our character, being itself composed of identifications, contains the history of our object-relations.

What a momentous statement, if one comes to think of it, in Freud's laconic terms! Identification is thus a regression, but perhaps the only way by which the ego gives up its objects; it is accompanied by desexualization, a diffusion of libidinal (life-) and destructive (death-) instincts, the forerunner of symbol-formation and sublimation. Freud does not care too much about keeping identification and introjection apart. He seems, roughly, to consider complete identification, based on a true, total introjection of the object, as *the* pregenital object-relation, and to correlate a later, partial identification with the preservation of the object, with the genital level. The former is called 'narcissistic', the latter 'hysterical' identification. We shall have to remember all these formulations in the course of our further considerations.

But it is now time to turn to our present main object. The term introjection was introduced into analysis by Ferenczi, but it is as well to state at once that he used it in a different sense from the one it acquired later. Klein and her followers in this country have taken up Ferenczi's original conception of the term again. Ferenczi dealt with this matter in the following articles: 'Introjektion und Übertragung' (*Jahrbuch f. psa. Forsch.*, Vol. I, 1909); 'Zur Begriffsbestimmung der Introjektion' (*Zbl. f. Psa.*, Vol. II, 1912); 'Entwicklungsstufen des Wirklichkeitssinnes' (*I. Z. Psa.*, Vol. I, 1913); 'Das Problem der Unlustbejahung' (*I. Z. Psa.*, Vol. XII, 1926).

For him introjection is a specific characteristic of neurotics who take into their ego as much of the outside world as they can, in order to attenuate the acuity of their free-floating and ungratifiable unconscious desires, and who thus dispose of them in unconscious phantasies. Whereas this process is considered as characteristic for neurosis, projection by way of contrast is attributed to paranoiacs.[2] In fact, Ferenczi describes object-hunger as well as a number of other oral features as a characteristic of neurosis in general, without, however, establishing any connexion between introjection and the oral phase of libidinal development. 'The psychoneurotic suffers from an inflation, the paranoiac from a deflation of the ego', he says. He thinks that all transference, in fact all object-love, is based on a process of introjection. He recognizes that the difference between normal and neurotic people, in this respect just as in any other, is but a quantitative

[2] Dr. Jones remarked in the discussion that Ferenczi also stresses the *substitutive* character of these processes.

one, but he assumes that normal people are aware of most of their introjections. Introjection, he says, occurs first in the phase of separation of external world and ego. This is followed, as a second step, by projection, which occurs definitely later. This he calls primal projection (Urprojektion). He thus distinguishes between the ' phase of introjection ' and the ' phase of projection '. He follows Freud in considering the primary ego as a pleasure-ego which takes in only the good things, whereas unpleasant, hostile things are attributed to the outside world. The primary experience takes place at the breast of the mother.

For him identification is the forerunner of introjection. Introjection takes place by means of identification. In the same sense it is the forerunner of symbol-formation, an idea which later on was further developed by M. Klein in her article on ' The importance of symbol-formation in ego development '. The necessary connexion is brought about by an association of one part of the ego, or an organ-sensation, with the object. This unification, which is by no means easy to separate from condensation, displacement, transference, transcription, and even projection, is then called identification. It is obvious that this primary identification is quite a different thing from identification proper. In this sense the term was originally used by Freud in the interpretation of dreams.

Although introjection was coined by Ferenczi as a definite counterpart to projection, it soon became evident how difficult it can be to keep the two distinctly separate, at least from exteriorization, as Maeder then called it. What Maeder so termed occurred for instance when a patient saw his genitals in some apples of his orchard, or another his own bloodvessel in a waterpipe. I am not so sure whether this is not in fact a projection, but Ferenczi, devoting a whole article to this question, goes to great lengths and uses sophisticated argumentation indeed in order to prove that it is not.

It may well be that an occurrence such as Maeder has in mind deserves a term of its own. In this case the relation of exteriorization to projection possibly corresponds to that of appersonification to identification. To the term of appersonification, or appersonization, Sperling devoted the whole of a paper at the last Congress.

Schilder, who has introduced the term, says in his latest book, ' I would prefer to use the term " appersonization " in cases in which the individual does not want to play the rôle of the other person, but wants only to adopt a part of the emotions, experiences and actions of

the other person. . . . The appersonization is an appersonization by body-image. The motives for appersonization can remain unconscious. We have, therefore, to do with imitation derived from unconscious motives ' (p. 251).

Sandor Kovaĉs, in a remarkable article entitled ' Introjektion, Projektion und Einfühlung ' (*Zbl. f. Psa.*, Vol. II, 1911–12), has taken up the subject in the precise sense of Ferenczi. He was the first to point to introjection and projection as defence-mechanisms, as we would say to-day, at that time subordinated to repression. He defines ' to introject ' as ' to associate with one's ego complex '. Projection he already calls any ejection out of the ego, or any reflexion of one's mood in the impressions received from outside, say from a landscape. Thus he would, for instance, say : ' The artist projects, the audience introjects '.

Jelgersma even goes a step beyond this in calling every outward perception a projection. He sees only a quantitative difference between a delusion and a perception. For him projection means that we attribute the character of ' outside ' to every experience upon which we have no influence, either because it really is outside ourselves, or because its mental causes are entirely unconscious.

Freud, it seems, took up Ferenczi's term with some reserve and at first used it unspecifically. Nevertheless it is to him that we owe almost all the essential discoveries in this respect. We have summarized them before in connexion with identification. There is, however, no doubt that he continually connects the notion of introjection with an oral incorporation on a mental plane, an introjection forming the basis of identification, from which it is not always kept strictly apart. On arriving at the formulation that our character is based upon introjected objects, he makes it clear that there is perhaps more than an analogy in the primitive belief that we acquire the properties of things which we eat (such as animals), and that we become identified by the taking in of the same substance (for instance, through Holy Communion). His wording, however, remains cautious, and we can never be too sure as to whether he means that introjection actually is an oral incorporation, or that it can only be compared to it on the basis of a distinct, but not yet fully established, correlation.

If we take all in all, Freud's view seems to be this : in the stage of primary narcissism, object-relations are based on (primary) identification, and according to the oral predominance of the libido love and hate are expressed in terms of eating up. This is introjection proper. This impulse is modified on the genital level, the object being preserved.

But the old archaic mode remains valid inside, or can be regressed to. This would form the basis of true or secondary identification, and corresponds to an inclusion of the object into the ego. This can certainly correspond to an introjection when we remember that the actual process takes place not upon the object itself, but upon its representation (imago).

Abraham was more definite on this point. In his *Versuch einer Entwicklungsgeschichte der Libido* he deals with the process of introjection in melancholia, when he first describes the two phases of libidinal development at the oral stage. He is particularly impressed with the discovery that introjection is an incorporation in the sense of a regression to the oral phase. He proves this by means of clinical observation. In trying to establish the metapsychological difference between mourning and melancholia, Abraham states that in mourning the real loss of the object is followed by the introjection of the object for a transitional period only, the object thus being established as a compensation in the ego, whereas in melancholia the introjection is a complete and permanent one, following upon the libidinal derangement. In the latter case it is an endeavour to solve the ambivalence-conflict. We possibly are correct in saying that the difference between mourning, exogenous or reactive depression, and true, endogenous melancholia—clinically very different propositions indeed—is the following one: in mourning there is an ego regression, unaccompanied by a regression of the libido, in reactive depression frustration is followed by a true regression to the oral points of fixation, in true melancholia the regression (diffusion) of the libido is the primary thing, probably somatogenetic.

Having reviewed the classic work on introjection, we are now in a position to state which are the basic facts hitherto. Introjection is a mental mechanism modelled on different instincts, predominantly of the oral group; ambivalent in nature, it conquers the object in making it part of the ego system. It is a metapsychological term and should be described as such according to its topographic, dynamic and economic aspects.

Dynamically: it occurs if an object has to be abandoned, constituting the first points of crystallization of the ego and super-ego formations: later on it becomes a defence mechanism of the ego system.

Topographically: it takes place in the ego and super-ego. It is an unconscious process.

Economically: it is a fate of the oral instinct, therefore belonging to

the oro-narcissistic phase of the libido, or corresponding to a regression to this stage of development.

In conformity with the theoretically and practically equally important task in which psycho-analysis is engaged at present: to investigate and separate id development and ego development and to shed light on their interaction, I should like to propose to you that 'identification' be reserved as the ego-term, 'introjection' as the id-term of two overlapping processes.[3] Accordingly, identification is a

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[3] Meanwhile R. Wälder's article 'Zur Frage der Genese der psychischen Konflikte im frühen Kindesalter' (*I. Z. Psa.*, Vol. XXII, 1936) was published. In it the author discusses introjection. He expressly calls it an ego-mechanism. This is partly due to the fact that he uses the term in its original sense, referring to a later stage of development, and bringing it into closer relationship with (secondary) identification. Nor does he make the strict distinction from identification which we are aiming at here. He stresses that id and ego instincts are separate from the outset, whereas we, just on the contrary, consider the possibility of tracing ego mechanisms to underlying (id) impulses. Such a view, it is true, is better in keeping with Freud's later theoretical conception of the duality of life and death instincts than with the earlier one of ego and id impulses.

Wälder agrees with me in pointing out that he does not believe every identification to be based upon a process of introjection.

P. 549, he says: 'Oral incorporation and anal e ection are ego functions in order to preserve life; but usually we mean by them tendencies of the id. Projection and introjection are attempts at solution on the part of the ego. The simple equation of both is, however, not entirely unobjectionable.'

He also stresses that very different processes are being described by the terms introjection as well as projection. His own examples are not distinctly different from identification, as he himself points out. Once more it becomes evident that the stage he has in mind is a later one, a mature ego being at work.

Since Wälder shows that there is an abundance of processes of introjection, certainly not all based upon oral incorporation, he obviously would not be inclined to accept our definition of the term. We just want to reserve the term introjection for inclusion into the mind, which is based on an oral or other libidinal incorporation. These divergencies are, however, purely terminological ones and demonstrate the importance of arriving at generally acceptable definitions. I think that Wälder's article on the whole reflects the same problems with which we are concerned here, and that there is no real difference between his views and ours.

more static term, describing a state of affairs, introjection signifies an activity.

Introjection is not only a necessary step towards sublimation, but its very forerunner, possibly even the essence of this problematic conception. For here we have an actual renunciation of crude, material gratification in favour of a spiritual one, the transformation of an external into an internal aim, of a real into an ideational one, if you like. The very conception of sublimation (to elevate) may have to do with this raising from the mouth to the mind, from the material to the immaterial.

In speaking of *id* terms and *ego* terms we do not mean that both have existed separately from the outset. As a matter of fact, it would be of high interest if we were able to make out the instinctive source of ego mechanisms. To exemplify what I mean : I have only recently again been impressed by finding that in one of my cases the mechanism of repression proper in itself had an anal origin ; in another one it seems so far that something which has been swallowed cannot be recalled. There is the fact that everything we perceive, describe, express, necessarily reflects our own libidinal condition, in the last analysis our constitution, everything ; so do our theoretical conceptions, our terminology—a point to be kept in mind ! This is important, even where purely receptive persons are concerned, because there is there a very good hiding place for emotional participation. I feel that already the term impulse (Instinkt, Trieb) has a different emotional resonance in different individuals, or e.g. that the cathartic theory is a predominantly anal conception. That has, of course, nothing to do with its correctness or otherwise, but it hampers our scientific exactitude and understanding, if it passes unnoticed. We must be careful lest we find ourselves talking about the same things in different words or, still worse, about different things in the same words. And words easily carry us away with them, once they become independent.

It also seems to me that we are in fact assuming a qualitative difference of the libido sometimes, although we do not say so, and Freud who has discussed the idea has rejected it.

Let us now look on this basis at the more recent work and see how it will correspond to it. We find ourselves in agreement with Fenichel, who has done the most important systematic work on our subject and contributed many new observations of his own. He is rather insistent, however, that every identification is based upon an introjection. But the very primitive, early imitation of an object, primary identifi-

cation—very often, perhaps always, preliminary to actual perception—Landauer calls it ' echoing '—is not brought about by a process of introjection. Nor are the transitional identifications, which I believe often to be of a primary motory nature. We also have to consider the important mechanism of a negative identification, so to speak, where the ideal is formed by way of a contrast. This negative is taken rather in the photographic sense. It must not have a negative value. It might thus be an ideal to be generous, because one does not wish to be as stingy as one's father, or as petty as one's mother, etc. This negative of an ideal need never have existed at all, except maybe by projection, and one had perhaps better say that the ego shapes itself by way of differentiation from such an imago.[4]

Fenichel says that identification is unconscious in its genesis, that the loss of the object is a regular pre-requisite of its occurrence, and that its executive is always the oral incorporation. Primary identification appears to be a reaction upon the loss of the original unity of the world, which later on differentiates into internal and external. In a series of clinical articles Fenichel describes introjection in its impulsive aspect (' Introjection and castration complex ', ' On respiratory introjection ', ' Scoptophilic instinct and identification '). He thus shows that there is an anal, epidermal, respiratory, ocular introjection in addition to the oral one, thereby clearly defining introjection as the fate of an instinct. Fenichel seems to hold the view that on a pre-genital level objects are incorporated (' einverseelt ', as Nietzsche called it, by the way, i.e. something like soul-absorbed) ; later on identification is brought about by a phantastic revival of this old modus, that is introjection. Fenichel seems to assume that introjection is an equation of the introjected object with an organ, particularly in hypochondria and organ-neurosis. This is a good idea, put forward also by Jones, I understand : the introjected object, as it were, takes the place of the sensations it has evoked, or simply coincided with, I would like to add, and now the same feelings can emanate from the organ or its representation, or else be carried into the organ which now represents not only the dangerous penis but also the ambivalent—

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[4] In the discussion of this paper in the British Psycho-Analytical Society Dr. Glover remarked that this type of identification is based on a reaction-formation. This is quite correct, but I am concerned here only with the question whether there are identifications *not* based on an introjection of the object.

cathexed object. There seems to be a difference, I might add, according to whether or not the organ representation on the particular physiological level has an anatomical connexion with the organ. In the one case we should find the physiological correspondence to a conversional, in the other to a hypochondriac symptom, according to whether the organ itself or its representation is affected.

Simmel has occasionally made similar suggestions, I suppose. His basic ideas are in agreement with the ones we are just pursuing : oral incorporation as earliest object-relation before there exists a difference between inside and outside experience ; later on the same process takes place at the object-representation. Edoardo Weiss in his paper ' Regression and Projection in the Super-ego ' gives some very interesting views well worth mentioning. He calls the introjected object quite simply ' the introject '. He makes it quite clear that the introject is an image which is re-created in a magic fashion inside the ego in order to make good the previous annihilation of the object. A corresponding outside object is now looked for. If this object forgives, the inner tension ceases. This, according to Weiss, is the root of the confession compulsion. He shows the relation of this tendency ' to make good ' to sublimation and artistic work particularly in connexion with Zola's *Therèse Raquin*. The artist's work is a projective act, taking the place of a complete identification. Weiss's theory of a kind of filter covering the mind like an envelope and being in touch with the world outside is an interesting conception. Normally, he says, this filter is permeable only for the libido projected on to real persons, whereas thoughts and ideas are held back. In the case of psychoses this filter is damaged, delusions and hallucinations being the result. For Weiss identification (= introjection) therefore is a re-creation of the object inside, and not simply an oral incorporation ; the introject is an image, identification an actual alteration of the ego : being now the object, one cannot have it any more. It is, one might suggest, the difference between swallowing and digesting. For our purpose it is important to note that objects are introjected, but that under normal conditions the libido alone is projected. The elimination of the object on a phantastic level—anal (Abraham), oral (Harnik)—should better be called ' ejection '.

Rado, in his article ' The Problem of Melancholia ', arrives at the conclusion that separate introjections into the ego and super-ego take place simultaneously. The ' good mother ' is introjected into the super-ego, and entitled to punish, whilst the ' bad object ' is introjected

into the ego in order to be punished. This is the melancholic mechanism constituting an attempt at reparation. In ' Economic Principles in Psya. Technique ' (*J.*, 6) the same author has examined the metapsychology of the hypnotic situation with special regard to introjection and identification. His method of looking at these problems is in full agreement with the point of view taken up here.

Federn has devoted a good deal of his work to the subtler analysis of the ego. I cannot, however, try to go into his most interesting and genuine views here. You are all familiar with his conception of the ego-boundaries (Ichgrenzen) and the light it throws on the analysis of narcissism, of affects, as well as on many other central problems. I am not sure whether Federn's work is receiving all the interest it certainly deserves. It is, to say the least of it, stimulating, even where it remains speculative ; but, moreover, it supplies, in its own way, an accurate description of facts not generally known amongst analysts and never as yet systematically approached by others. We gather from his latest article, ' Zur Unterscheidung des gesunden und krankhaften Narzissmus ' (*Imago*, 22, 1936), that he stresses the difference between identifications involving the whole ego and those involving only part of it. According to him, only the former category ought to be termed introjection of the object, because a similar identification of the ego as a whole goes back to ' unconscious oral or intestinal incorporations or to an unconscious returning to the mother's womb '. The later forms of identification mostly occur by an expansion of the ego-boundaries. This is the case in any object-relation, but it remains stationary in identification. It is ' a slow process of gradual unification '. Federn is the only author who takes the important time-factor into consideration. He also does justice to the great variety of the processes usually simply called identification, as, for instance, when he points out that the small child, by feeling himself included into the ego of the beloved person, becomes identified with her, thus feeling secure, protected from anxiety and from his own weakness, and even bodily stronger. For a real understanding of Federn's views the original must be consulted. For our present purpose we should, however, like to state that Federn agrees in considering introjection as an oral incorporation on the basis of which total identification occurs, and sometimes, but probably not always, partial identification too. Identification he describes as ' taking up into the ego-system '.

E. P. Hoffmann in his article ' Projektion und Ichentwicklung ' (Projection and Ego-Development) on the whole approaches the

problems involved on a similar line to the one taken up here. I want specially to underline that he, too, considers the earliest ego (das ' Frühich ') as an undifferentiated formation, and that he stresses that there is no borderline between ego and objects in this early phase. He also assumes that there are no introjection processes at this stage, which he calls that of the ' Zweieinigkeit ' (dual-unity), but that there is a flow of narcissistic libido from the object to the subject, resulting in primary identification, and from the subject to the object, resulting in projection. He describes how the ego itself is born on the occasion of the loss of the object, and asserts that only after this has been taking place can one speak of introjection and secondary identification.

Before turning to recent work on our subject, done in this country in particular, we must devote some space to the work of the former analyst, Otto Rank. Throughout his work, and more especially in his two volumes: *An Outline of Genetic Psychology*, he has made projection—and introjection—processes and their interaction the pillars of his system. His views in this work, which appeared in 1926, are to an amazing extent in agreement with the ones held by Mrs. Klein and others. Naturally the direct evidence from analysis in early childhood and all the special contents of mental life at this stage, as described by M. Klein, are missing, but, on the other hand, the presentation of the subject which we have at present in mind is clearer and more systematic. As we know, in Rank's system the early sadistic phantastic attacks on the mother's body, fears of retaliation, tendencies towards restoration, etc., find no place ; but instead, he puts the earlier anxieties connected with birth and the defence of the ego against them in the centre. He does, however, trace the genesis of object-relation to the good and bad mother's breast, and he too points out that early guilt-feelings originate from an introverted oral sadism directed towards the breast of the mother. To his mind, the feeling of guilt does not originate from the Œdipus conflict, but has to be understood through the medium of the early psychology of the ego. For him, as well as later on for Freud, the relation to the individual father is a transcription (projection) of the earlier mother relation. Rank is perfectly outspoken about the close correlation between ego-formation and identification, ego-discharge and projection. Every single relation to an object consists in projections of the tendencies and conflicts of one's one ego (p. 115). Projection and introjection are described as defence mechanisms. He suggests a relation between sadism and projection, masochism and identification. With Rank everything is based upon

introjection and projection. Identification is a result of preliminary projection. He goes to the length of explaining love itself as an outcome of the need for projection.

Since this lecture was given, G. H. Graber's article ' Die zweierlei Mechanismen der Identifizierung ' (*Imago*, 1937, Heft 1) has appeared, supplemented by the equally interesting remarks of H. Christoffel (*Imago, ibid.*). I cannot in this connexion do justice to this very stimulating paper as a whole, but will deal only with the points relevant to the present subject.

Graber contrasts identification based on the mechanism of introjection with another type in which we let ourselves be introjected into another person.[5] This he calls ' passive identification '. This would always be a total one, both the active and the passive type representing together complete identification. At the basis of this passive identification is a mechanism of projection. His description in this respect comes very near to the interaction of introjective and projective processes to which our interest has been turned especially by M. Klein and Rank respectively, particularly as regards his ' pathological type of reactive passive identification '. He points out, as Rank did long ago, the importance of projection as an ego-discharge and the curative significance of a dissolution of identifications with which we are familiar in this country.

Graber again approaches Rank closely in the importance he attaches to birth-symbolism. Whereas Rank claims a relationship of projection to activity and introjection to passivity, which on the whole seems to be correct, Graber, by stressing the passive aspect of this type of identification, is led to call the introjective type ' active ', the projective ' passive ' identification, which seems terminologically not altogether happy.

The main points for us are that in Graber's illuminating description we have another example of an identification not based on introjection in the usual sense, while on the other hand he definitely seems to consider identification proper to be based mainly on introjection. In fact, Graber tends to fuse the terms introjection and identification *sensu strictiori*. If Graber contradicts Freud in saying ' identification (introjection) after the loss of the real object does *not* enrich the ego but burdens it ', he does not think strictly in an economic sense, as he supposes, but rather dynamically. There can be no doubt, however, that both Graber and Christoffel agree in all essential points with our conception.

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[5] Compare Federn's views mentioned before.

Coming now to the work of British analytical authors, we can refer to Mrs. Riviere's recent brilliant survey. I shall mainly try to stress the points which seem to me the most specific, because agreement in what might be called the classical view may be taken for granted. Thus Glover in *The Significance of the Mouth in Psycho-Analysis* says: 'The early confusion of subject and object causes the taking of the object into the mouth to be analogous to the introjection of objects into the ego'. The same author states in his *Technique:* '. . . The introjection of the object is a sort of restitutive attempt to preserve it, but on a narcissistic basis; the ego is identified with it. . . .' These definitions are in perfect accord with the ones taken as standard here. In *Grades of Ego-differentiation* Glover speaks of the primitive mechanism of projection, whose failure gives rise to the 'protective and inhibiting institution'—the super-ego. Things inside and outside the ego, giving the same pleasure-tone, are identified. This, the primary identification, as it is called, leads the way to introjection and all the later identifications. At every stage of development objects may be regarded as complete in themselves (*The Importance of the Mouth in Psycho-Analysis*). The primitive ego arrives at object-formation by wrongly including the object through a faulty differentiation. With these formulations I agree particularly. The abandonment of every stage of development in favour of a later one is accompanied by introjection (compare Schneider's views mentioned before). In *The Neurotic Character* Glover gives the following formulation: 'Abandoned id strivings towards an object are dealt with by introjection and identification. This imprint of the object-relation on the ego constitutes the character-formation'. This is altogether in agreement with the generally adopted view.

Glover has given a systematic account of early ego development in connexion with the mental mechanisms and their relation to libidinal primacies in his article 'A Psycho-analytical Approach to the Classification of Mental Disorders' (*Journal of Mental Science*, October, 1932). He puts anxiety very much into the foreground, saying that 'anxiety is the alpha and guilt the omega of human development'. This is peculiarly characteristic of the English line of approach by which it looks almost as if anxiety were the most potent, if not the only, motor for development. The ego, according to Glover, is essentially a composite becoming more coherent and organized only from the anal stage (about the age of two) onwards. Glover's doctrine of the ego-nuclei deserves the utmost attention. He defines an ego-system or

ego-nucleus as ' any psychic system which (*a*) represents a positive libidinal relation to objects or part objects, (*b*) can discharge reactive tension (i.e. aggression and hate against objects), and (*c*) in one or other of these ways reduces anxiety '. Confronting the libidinal and reactive constituents of the different ego-nuclei in the various libidinal phases, he proceeds with an almost neurological exactitude, remaining of course aware of the limits of schematization in psychology. What he propounds regarding primary identification and the differentiation of ego from object corresponds entirely to what seems to me the clearest description of the facts as hitherto ascertained. Projection and introjection holding the stage then, take their full share in his description of development, whereby qualities of the object or reflected attitudes towards it respectively are internalized and allotted to the ego, whereas ego characteristics are projected on to the object. This early ego and super-ego command the nature and content of repression, but in Glover's view at the same time the introjective and projective processes seem to take place under repression, behind the screen of it, as it were. It is obvious that for Glover, too, these processes are formed according to the pattern of physical sensations and impulses, like expulsions, for instance. Thus he writes : ' If only more enduring colics could be suddenly converted into painful " not-me's " like crumbs, and violently expelled ! At the same time the experiences of mouth, hand and stomach are responsible for building up another psychic tendency, which we dimly try to appreciate by the use of the term " introjection ". If only the pleasure-producing nipple could be imprisoned in the mouth, the stealing warmth retained in the stomach ! Failing these, if we could only make the gesture of holding on with clenched fists of making pleasurable " not-me's " part of " me ", how much safer from anxiety the ego would be '. Glover makes an interesting endeavour to classify psychoses, neuroses, drug addictions and different character groups along the axis of introjection and projection, somewhat reminiscent of the subdivision into introverts and extraverts.

The main point stressed by Klein, and at the same time little dealt with by Freud, is the intimate interaction between projection and introjection from a very early stage onwards. She also pays special attention to the defensive character of these mechanisms. One must not overlook that in British psycho-analytical literature ' defence ' in the first instance implies protection against anxieties, in the other analytic world against id-impulses, because these in turn provoke danger-situations from within or without. This gives rise

to some confusion. It seems to me that both conceptions have in fact approximated Freud's later idea of the traumatic breaking-through of the ' Reizschutz ' (beyond the pleasure-principle). Klein's view is that excess of sadism gives rise to anxiety which becomes internalized in consequence of the oral-sadistic introjection of the object. This sets in motion the ego's earliest modes of defence (*Symbol Formation in Ego Development*).

Klein particularly stresses that we must not on any account confound the real objects with those introjected by children. I should have assumed that this view was inherent in the concept of an ' imago ' which otherwise would have meant nothing but a simple object-representation. Indeed, it is difficult to understand what ' real ' object there should exist in addition to the one actually experienced by the child. What does ' real ' mean in this connexion ? We have long since abandoned the old assumption of an objective physical world with absolute qualities of its own. Therefore there is perfect agreement with Mrs. Klein when she describes (as in *Symposium on Child Analysis*) the super-ego as being made up of a whole series of varied identifications which are in opposition to one another, originating in widely different strata and periods, and differing fundamentally from the real objects. A point of argument is the early beginning, according to her view, of its formation based on the observation that the Œdipus conflict arises as early as during the period of weaning, that is to say at the end of the first year of life. I personally see no reason why this should not be so, if it can be observed. Nevertheless I have reason to believe that the real importance of the Œdipus conflict as such is rooted in the more elaborate conflict-situation of the classical period. But at any rate we must bear in mind, as Susan Isaacs has pointed out most clearly: ' . . . obviously the process of " introjection " in these earlier phases must be different in some important sense from that occurring after there has been true object-relationship '.

All these problems cannot be discussed properly without taking into full account certain facts and considerations, as put forward most extensively and on the broadest basis by Schilder in his latest book, *The Image and Appearance of the Human Body*. I cannot enter into its contents here. It is admittedly difficult to read and digest, but I may be permitted to draw your attention to it and to express the view that the thorough understanding of these facts is of very high theoretical and immediate practical value. Schilder has devoted much attention throughout this book to the subject of identification

and one chapter exclusively to it. He does not agree with Freud that identification is the earliest type of emotional cathexis. He says that the final problem of identification is : what type of action is based on identification ? Identification means taking the other object into oneself ultimately in the service of one's own actions towards the world. Before the object is eaten up, as it were, there is at least a primary tendency towards it. There are two basic types of actions, one based upon identification, the other upon reaction ; neither of them can be said to be more primitive than the other. It seems that there are more primitive reactions towards objects still. Of course Schilder's view is based here, as everywhere, on experiences in cases of organic regression as well and embraces psychological mechanisms as special cases of biological processes. I want to quote only one short paragraph because it touches on an important point : ' It has clearly been shown ', Schilder writes, ' that we do not perceive our own body differently from objects in the outside world. Body and world are experiences correlated with each other. One is not possible without the other. . . . The new-born child has a world, and probably even the embryo has. The borderline will not be rigorously defined, and one may see part of the body in the world and part of the world in the body. In other words, from the point of view of adult thinking the body will be projected into the world, and the world will be introjected into the body. But in the adult, too, body and world are continually being interchanged '. That is the point : from the point of view of adult thinking ! We can certainly use these terms as long as we know what we mean !

We will now sum up in the simplest possible terms what we have found.

There are a number of different forms of identification, but two outstanding ones correspond to what has been called primary and secondary identification. Correspondingly, we have different forms of introjection and projection. The essential difference is whether the stage of true object-relationship or true ego-formation respectively has been reached. It is no use to say : development occurs in gradual steps not strictly separated. We are there to clear up and separate, not to confuse. We have no choice but to adjust our nomenclature if future confusion is to be avoided. We will have to stop calling different events by the same name. According to my own taste I should like to replace the terms for the earliest stages. I would do so for the following reasons : I think that we are more true to the facts and in agreement with most authors and modern views if we take the

earliest stages as chaotic in the sense of a complete indistinctness of what becomes later on world and body, ego and non-ego, inside and outside, psychic and 'objective' reality. We should therefore be more correct in speaking in terms of *differentiation*. There is no need at this stage to speak of identification as of a special act, because things are not yet separated and therefore need not be identified. We could thus drop the term 'primary identification'. We should then describe how this differentiation occurs, namely on the two fronts of the ego, its outside, as it were, the perceptual ego, and its inside, the body-ego. At the first line of demarcation we ought to follow the path led by Freud—along the motory criterion—as to the second and the whole I can only remind you again of Schilder's work on the body-scheme. We will then find, quite in agreement with Klein's, Glover's, Riviere's and others' descriptions, that in the gradual process of ego- and object-formation there is a constant overlapping of the two, a carving out of a common material as it were, according to the vital and defensive needs of the individual at any given stage. These interdependent processes of attributing experiences to the ego or to the external world may be called internalization and exteriorization, or anything less committal than introjection and projection, terms which would have to be reserved for the later processes of a different quality. This terminology has been adopted in my supplementary diagram. I do not, however, assume that you should easily accept my proposals, since you are accustomed to speaking of these processes in the terms of introjection and projection. But the other alternative, namely that of altering the classical terminology, will prove no less impracticable. The only other way I can for the moment see is to say each time 'primary' identification, 'primary' introjection, 'primary' projection, or 'secondary' respectively. Perhaps we could also include secondary introjection into the meaning of the term 'identification', but this might overcharge that term. But I will leave this point to the discussion and your discretion. Nobody who has ever studied the literature on these subjects should, however, argue that these are just unimportant sophistications. In employing for the moment the usual terminology, I may state the salient points once more.

Primary identification is a very early, perhaps the earliest, object-relationship. It is based on primary projection. At first introjection takes place by means of this primary identification. Later on this is however reversed: introjection then precedes identification, which becomes its result. At first introjection is simply a mental incorpora-

tion based upon the oral impulse, but later on it is an inclusion of object-representations into the ego, super-ego respectively, still modelled on the same impulsive root. This is important in that it would provide an example for an id impulse being transformed so as to be used in the service of the ego. We have mentioned its relation to sublimation. Secondary, or true, identification then means a transformation of one ego by its assumed complete uniformity with another in certain respects on the basis of unconscious mechanisms and as a rule for unconscious reasons. This identification makes use of introjection in most cases, but not always. It consists, however, not of a simple intake of the object, but of its re-establishment, almost re-creation or resurrection, as one might say.

Primary projection consists of an attribution of organ-sensations or impulsive urges to the external world. Later, projection is something entirely different: the transplantation of part of the ego or super-ego into the outside world, where it becomes capable of consciousness. We have noted that normally only libido is projected, whereas whole objects are introjected. For the introjection of libido the term ' introversion ' ought to be reserved.

I hope I have not added to the existing confusion, but helped a little to disembroil it. My review may have disappointed some of you who perhaps hold an exaggerated opinion of the originality of the points specially stressed in this country. But on the other hand I have, I think, been able to show that, far from side-tracking, the work done on this subject by British analysts has on the contrary sprung from our noblest tradition: Ferenczi, Freud and Abraham.

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SUPPLEMENTARY NOTES

The following diagram is entirely sketchy and subject to further discussion. It is thought to serve as a preliminary orientation. It is hoped that it will be found to be a fair representation and, as far as possible, a correct combination of different lines of approach by different authors, while at the same time facilitating the orientation of the problems concerned and the point of view taken here. It should be compared and completed by Ferenczi's *Entwicklungsstufen des Wirklichkeissinnes* as far as the general stage is concerned, and by Abraham's *Entwicklungsgeschichte der Libido*, as well as by Glover's systematic tabulation in *A Psycho-Analytical Approach to the Classification of Mental Disorders*. As the latter came to my notice only after this scheme had been drawn up, the coincidence of ideas in all essential points is the more remarkable. For the sake of simplicity some labels

have been taken over from Glover's scheme. I can only once more recommend its study as a quotation is not possible here. Anna Freud's book on defence mechanisms has been taken into account; a discussion of divergencies in some points must be reserved for another occasion.

The diagram has to be considered dynamically, the points singled out constituting a kind of traffic-signal. I am fully aware that the individual reacts constantly as a whole and can only be understood as a living being in its whole situation. The idea is to give an account of some general stages which seem to be outstanding and to show to what stages of the libido- and ego-development they roughly correspond, in order to give a better understanding of the proposed chronology of some of the (defence) mechanisms (in particular of introjection) and their suggested connection with part-instincts.

Between the stages indicated many are to be interpolated, the third, for example, in itself would have to be subdivided into as many mental levels as there are between a small child and a grown-up person.

Nothing is meant in an absolute sense. By regression I do not mean, for instance, that psychoses are to be *explained* as regression, or that the regression in neuroses goes always so far, or only so far, as indicated.

There is no systematic account in terms of death-instinct and repetition-compulsion in order not to complicate the diagram unnecessarily. The facts are taken into account by including: (1) sadism as part of the different part-instincts, (2) the motorial, (3) the Nirvana principle. The latter may be taken here to mean a tendency of diminishing any stimulus, reducing any tension, to the lowest possible degree. It does not anticipate whether one thinks of this tendency in a general biological way, or in the sense of Freud's death-instinct as an active drive towards destruction (to return to the anorganic state).

In order to further facilitate the orientation I want to give a definition of the terms with which we are specially concerned in this paper and to summarize the arising difficulties and the proposed precautions or alterations in their use.

Primary identification: The whole world is taken as part of the ego.

This, according to Freud, is the earliest object-relationship. It is at the basis of primary projection and introjection, forerunner of symbol-formation (auto-symbolism), all of which are at the root of ego- (super-ego-) formation. It is not always kept clearly apart from (secondary) identification, which can only take place if the ego already exists.

It would be more correct to speak of the early stage of complete indistinctness of ego and outside world and to consider the gradual

DIAGRAMMATIC ILLUSTRATION OF THE ONTOGENESIS OF MENTAL DEVELOPMENT

AGE	General Stage	Libidinal Primacy	EGO	OBJECT WORLD	PRINCIPLES	Special Mechanisms occurring	Later (Defence) Mechanisms originating from them	Predominant Regression to this stage (also as defence)
Pre-natal	NON-CONFLICTUOUS	Auto-erotic ? (Eros ↓)	—	—	Nirvana	A tonic tendency to reduce tension (tonic reflexes)	Complete passivity pretending to be dead (Totstell-reflex). One type of fainting	Death. Sleep. Orgasm. Phantasy of the mother's womb. Epileptic attack
I Early Infancy	NON-CONFLICTUOUS: Chaotic ' Oceanic ' Omnipotence of thought Ego universal	Primary narcissistic and oral (respiratory, etc.) — Accent on *incorporation*	Primitive Pleasure EGO universal omnipotent good = inside	' Bad ' hostile	Pure Pain-Pleasure (Nirvana)	Motoric turning towards and turning away from Inclusion and exclusion (faulty) ' Primary iden ification ' (' primary projection ') (hallucination)	Avoidance Scotomization Denial Undoing Acting (' Agieren ', ' Dramatization ')	Organic disintegration (e.g. affections of the brain, general paralysis, etc.) Psychoses
II From last third of first year	CONFLICTUOUS: Preliminary DIFFERENTIATION (under pressure of earlier frustration and anxieties) early Œdipus Conflict (Klein)	oral-sadistic anal-sadistic (urethral, etc.) — Accent on *expulsion*	begins to form (and super-ego) under reign of NARCISSISM	' Good ' and ' bad ' objects (Breast mother)	*Pain-Pleasure* versus *primitive Reality* — Nirvana	PROJECTION = oral / anal (ejection) INTROJECTION = oral, etc. (incorporation) *and their interaction* Reparative tendencies	repression identification Symbol formation Sublimation	Drug Addiction NEUROSES
III Gradual development from the age of about 2½ years until maturity	CONFLICTUOUS: *Synthesis* Later stage of differentiation Recognition of ' objective reality ' Classical stage of Œdipus Conflict (Castration fear, etc.) Crucial stage of conflicts (normal and neurotic)	Later Stages up to genital	Definite Ego- and Super-Ego Systems Mature Body-Schema	True object-formation significative function of language ' categorical attitude '	*Pain-Pleasure* versus *Reality* — Nirvana	e.g. verbal thinking, need for logic, for cause and effect, rationalization, and a great number of ' higher ' mental mechanisms. These are important but very difficult to define, as long as we do not transgress this stage. It is noteworthy that the mechanisms which are most typical for ' normal ' physiological behaviour, character, etc., make use of the very earliest, most primitive tendencies in particular.		' Normal ' European at present

Thanatos → Death-Instinct Repetition-Compulsion

differentiation into ego and external world. This would render the term unnecessary.

Secondary identification (Identification proper): The inclusion of characteristics of a foreign being into the ego.

There is a great variety of different forms of identification, not sufficiently known or kept apart.

It is proposed to reserve this term for an accomplished incorporation into the ego-system.

Introjection: An instinctive incorporation into the mind.

This term is still often used vaguely for any inclusion into the mind according to the original conception. More and more, however, it is used to designate the instinctive nature of such an intake which was, phylogenetically speaking at any rate, a real eating up.

It is recommended to restrict the term definitely to the latter meaning and in particular to the act of inclusion into a mature ego-system, resulting in identification.

Appersonization: To adopt part of the emotions, experiences and actions of another person.

Projection: Own unconscious tendencies are ascribed to other persons, often after transformation especially into the opposite.

Again the great variety of forms of projection must be considered. The early attribution of inside experiences to outside objects is also termed 'projection'. Perhaps the term 'exteriorization' would better be applied here. If the fundamental conception of original unity of ego and world would be accepted, this would become unnecessary.

Ejection: Corresponding to introjection, the instinctive act of transplanting into the external world; for instance, anal or oral elimination on a mental plane.

Introversion: }
Extraversion: } Applies to libido only.

Summary of Proposed Alterations

1. Start from acceptance of a primary unity of ego and world. Drop 'primary identification'.

2. Call early differentiation into ego and outside by non-committal names, at any rate not introjection and projection, which would otherwise have alternatively to be labelled 'primary'.

3. Introjection to designate the *act* of inclusion into the ego complex by way of instinctive pattern.

4. Identification to mean the *fact* of inclusion into the ego system.

THE DREAM-SYMBOLISM OF THE ANALYTICAL SITUATION [1]

BY

MAXIM. STEINER

VIENNA

The ideas suggested to Freud by his study of dreams not only struck those outside the medical world as absurd to begin with, but even appeared strange to members of his own profession. Since those early days they have won general acceptance and have not only enabled us to understand the wonderful structure of the neuroses and psychoses, but have opened up quite new perspectives in all fields of knowledge and in the study of art. In fact, we may say that they have radically changed our conception of the whole world as we know it. The interpretation of dreams has thus become for psycho-analysis the field of its daily labours and perhaps its most secure possession ; but there is at the present time too much of a tendency to regard the subject as one on which the last word has been said. It is true to say that, since Freud published his standard work, scarcely any fresh aspect of dream-interpretation has claimed our attention, if we except the very important writings of Federn. This is the more surprising since no such conservatism prevails where the rest of the fabric of psycho-analytical theory is concerned ; on the contrary, it is constantly being added to, renovated and also at times demolished. It seems that all of us have regarded the theory of dreams as so sound that there is no need to make any further investigations or to subject it to any modification. That theory as a whole is not the subject of the present paper : I propose rather to deal with the part played by dreams in psycho-analytic practice. During the many years in which I have been engaged in therapeutic analysis I have perhaps had more experience of the problem of dreams than has fallen to the lot of other men. Because of the particular type of patients whom I treat, I have been obliged to conduct short [2] analyses, most of which lasted only a few months and some only a few weeks. Thus my dream-material, or perhaps I should rather say the number of dreams which I have on

[1] Read before the Vienna Psycho-Analytical Society, November 26, 1934.

[2] In my paper read at the Oxford Congress I explained why, in these specific cases, I have had to depart from the classic technique.

record, has been particularly large, and so I have had more opportunity than many of my colleagues of observing certain typical dream-structures.

It is as true to-day as ever it was to say that dreams provide the best mode of access to the unconscious and that which is least in dispute from the patients' point of view. A dream is a mental production which they must admit to be their own, however meaningless and alien to their ego it may seem. A patient can no more disown his dreams than a painter or sculptor his creations. And, just as such creation is (as Goethe has said and we analysts hold to be true) the artist's means of uttering that which clamours in him for expression, so a dream is a work of art which enables a patient every night to attempt to settle his conflicts. Generally, however, he is unsuccessful and this is why dreams fail to bring the purging and liberating effect of artistic creation. This seems to be one of the differences between works of art and dreams, symptoms and delusions, and I think one of our chief therapeutic tasks is to abolish this distinction and by our intervention to set free our patients' power of artistic creation to be used in the whole conduct of their life. Is it not the case that here, as so often, our everyday idiom hits the nail on the head when we say that a man who goes his way with confidence and steadfastness is a master in *the art* of living ?

When we begin an analysis it is our custom to tell the patient that dreaming is important and that, as long as he is being treated, we have a very special right to know his dreams as well as to investigate the other mental phenomena in which his whole personality finds expression. Nowadays most of our patients have some idea of this when they come to us, and many of them say with a certain amount of embarrassment that they are doubtful whether they are suitable subjects for analysis, seeing that they do not dream at all or only very rarely, or else that when they wake up they can hardly ever remember the content of their dreams. It is strictly in accordance with truth when we reassure such patients by saying that we have conducted to a successful conclusion quite a number of analyses in which the analysand produced no dreams or at any rate very few. But we know from long experience that we might say that many patients who had never dreamt before or could never remember their dreams scarcely let a day pass without telling us one dream and often more. Although this phenomenon occurs regularly, it always strikes even us analysts as remarkable : the explanation is probably to be sought in the

peculiar nature of the analytic situation, and the better we succeed in impressing upon the patient the significance of this situation the more confidently can we reckon upon his dreaming. When anyone enters upon a relation so radically different from all those he has previously experienced, a revolution takes place in his whole mental economy and will manifest itself most impressively precisely in those mental processes over which the conscious ego exercises the least control. Thus the analytic situation becomes a veritable thread of Ariadne, upon which we can safely rely to guide us in the labyrinthine windings of the analysis from beginning to end.

Although what I have just said may seem a commonplace to members of our psycho-analytical societies, I have not been able to escape the impression which has been borne in upon me as I have listened attentively to papers read at our meetings and our therapeutic seminars that in our technique of dream-interpretation we are still far from according a due measure of consideration to the analytic situation.

When we have to interpret a dream, the task which confronts us is that of solving an equation in which there are several unknown quantities and, as always in this type of problem, the number of possible solutions is infinite. Sometimes, when dealing with such equations, we make certain restrictions, which considerably reduce the number of possible solutions : for instance, we may admit solutions in integral numbers only. Similarly, the infinite number of possible interpretations of a dream may be brought within a reasonable compass. One condition by means of which we may limit our interpretations is by reference to the analytic situation. This, as we know, is a product of transference and resistance. The former is our ally ; it is, as it were, the hand to which we probably owe the gift of the dream reported to us, but resistance is the other hand, which tries to wrest it from us again or to make it useless for our purpose. Thus it is resistance first and foremost with which we must come to terms when we set out to interpret dreams.

One of the sources of the patient's resistance is his narcissism. The narcissistic position (which Reich has called the narcissistic barricade) is tenaciously defended throughout the analysis, and the patient may be so firmly entrenched in it that all the analyst's strategy is baffled. The fight which is carried on during the analysis is much more of the nature of a war of attrition than of a pitched battle, and its vicissitudes are very largely determined by the ambivalent conflict. If we regard the dream as a functional phenomenon, this ambivalence

becomes particularly impressive. It is as though the patient stretched out a single hesitating finger to the analyst to enlist his help. Dreams are, so to speak, the idiom of the unconscious, by means of which it communicates with the unconscious of the analyst. On the other hand, however, dreams represent an act of self-help on the part of the patient, through which he tries during the night to solve his conflicts independently and without the analyst's help, just as he tried to solve them before his analysis began. In dreams the narcissistic position finds expression, whereas in the analytic hour the object-relation is represented in the co-operation between analyst and patient. Here is another point of view from which we see the dream as a compromise-formation. That it is so is clear also from the fact that the dreamer represents himself (and, during his analysis, the analyst who is his *alter ego*) under every possible symbol and guise, so as to counterfeit to himself (and to the analyst) an object-relation of which he is in reality incapable.

The tendency stoutly to defend the narcissistic position against every attack on the part of the analyst is so obvious, especially in the first phase of an analysis, that it can hardly be overlooked. It manifests itself in innumerable symbolic representations, in which the patient expresses his annoyance at the disturbance of his ' privacy '. There are dreams in which the analyst is degraded and insulted, appearing in the guise of all sorts of inferior persons, generally in a humble or subordinate position, or else as a dangerous or suspicious character, while his house appears as a pot-house, a house of ill-fame, a gambling-hell, mortuary, cemetery, operating-theatre or some kind of perilous and uncanny locality. This symbolism is so transparent that, when we are initiating the patient into the mysteries of dream-interpretation, we may really lay down as a rule of thumb for his guidance the principle that anyone in his dreams who is at all antipathetic stands for the analyst.

The dreams in this phase of the analysis are characterized by certain types of resistance, which appear in every kind of combination and variety in the examples that I am now about to quote. I hope at some future date to publish a detailed study, showing how strikingly these points are brought out when my dream-examples are taken in their proper context in the case-histories : here I can reproduce the dreams only in fragments or in bare outline.

The motif of ' cancelling out ' is symbolically represented in all dreams in which, e.g. some form of locomotion (a walk, a journey, etc.)

is embarked upon and immediately cancelled by a return to the point of departure. Or else some activity is carried out and then reversed; or something is said and afterwards revoked. This 'cancelling out' tendency makes the neurotic's whole life a burden to him and in extreme cases may even lead to suicide: in the analytic situation it expresses the patient's unconscious wish to undo the work of the analysis. The following is an example of this type of dream:

The patient went with a woman-friend from the centre of the town to Hietzing, meaning to go to a hotel with her, but he went back to town without carrying out his plan and looked for a hotel there. He did not like the room assigned to him and went off with his friend to a cinema. Again, however, he did not remain where he was, but went back to the hotel.

The motif of disturbance of 'privacy' (by the analyst) is illustrated in the following dream, reported by a young lawyer:

A client came into the dreamer's office and, when he went into the adjoining room to fetch a particular deed, he saw the other man go up to the writing-table and observed quite distinctly through the folding doors that he pocketed a paper which was lying on the table.

Here is another dream:

The patient was sitting in the water-closet, relieving himself, when suddenly the housemaid opened the door, in spite of his protest, and came in.

This motif is symbolically represented in dreams in which the dreamer is lying in bed on a staircase landing or in a passage-room or some other place where he is almost certain to be disturbed. Or again, it appears when the dreamer is disturbed in some other situation, for instance, during sexual intercourse, and, finally, when he is embarrassed by indiscreet revelations on the part of some other person (possibly this represents a doubt of the discretion of the analyst).

The topographical motif. This is embodied in dreams in which the analyst is represented by anyone sitting or standing behind the dreamer or in which the patient represents himself as someone lying on a bed or sofa. In general, it runs through all dreams in which sitting or lying down, standing up or some other change of position for which there is no adequate reason in the manifest dream-content plays a part. This kind of dream occurs most frequently with those patients —and they are many—who are reluctant, especially at the beginning of the analysis, to obey the rule of lying down during the analytic hour.

The frequently recurring *motif of nakedness*, inadequate clothing,

etc., often represents an unconscious rebellion against the ' fundamental rule ' of analysis, which requires the patient to lay bare his innermost thoughts and feelings. The tendency to conceal something from the analyst betrays itself even more clearly in dreams of dressing and undressing or changing one's clothes or of hiding and locking up objects. The following is an example :

I was in a room with my aunt. I saw that she was going to change her clothes and so I was about to leave the room. On the way I locked up a cupboard as I knew that there was nothing in it which she needed.

The miracle motif is employed by the patient to express his resistance to the slow, laborious and painful method of treatment and his unconscious wish to be cured instead by some miraculous or magic procedure.

A patient dreamt that he had a disfiguring mole on his cheek ; he looked into a mirror, with the result that the ugly mole disappeared.

In the same way the resistance employs the method of ' dispassionate interest '. I mean by this all those attempts, prompted by the patient's interest in psycho-analytical theory, to help the analyst and to fall in with his views, whether by conscious communication or unconscious representation. So, for instance, the analyst's attention may be called to the ætiological significance of mother-incest in the patient's neurosis, as in the following dream :

The patient was lying in bed with his aunt, intending to have coitus with her. His sister, who was looking on, went into the adjoining room to call her mother.

Another mode of resistance very frequently adopted by patients, whether consciously or unconsciously, is that of exploiting whatever *expert or superior knowledge* they possess, by means of which they hope ' unobtrusively ' to remove themselves and their secrets outside the analyst's ken. Not only professional people, but also artisans, tradesmen and suchlike persons thus make for themselves ' secret gardens ' which the analyst is not supposed to enter. So, for instance, women exploit their superiority over the male analyst in matters of fashion and toilet.

An analyst must never overlook the *symbolism of numbers*, for, if he does, he will miss allusions to the number of sessions already put in or still to be held, whilst sometimes the reference is to his fee. Here the method of the unconscious is that of the impatient schoolboy who never ceases to count the days till his holidays are due to begin. From the point of view of the analytic situation the numbers *one* and *two* are

specially important. *One* symbolizes the narcissistic position and *two* the object-relation. If we keep this symbolism in mind we shall find that dreams in which *one* and *two* appear alternately, and often in curious connections, are specially instructive ; for they throw light on the patient's ambivalent attitude to the analyst and on his acceptance or rejection of the analysis. Thus there are dreams in which the analysand sets off on a journey with someone and suddenly finds himself alone. The number *two* by itself very often symbolizes ambivalence and doubt, especially when it comes into a dream several times over.

' *Pay-day resistance* ' is represented symbolically in dreams in which, generally to the accompaniment of violent feelings, the patient is exploited or cheated by beggars, waiters, prostitutes or similar persons. These dreams occur almost regularly as the time for payment approaches, even with patients who are quite willing to pay, and they serve well to demonstrate to the analysand the autonomy of his unconscious.

Resistance by reversal is an expression of the tendency to turn the relation between analyst and patient upside down. Thus we have dreams in which the teacher is afraid of the pupil and the nursery-governess of her charge, the patient operates on the surgeon, and the conductor pays the fare to the passenger, etc.

In conclusion, I must mention one of the most frequent motifs employed by the resistance, namely, *the degradation of the analyst and his work.* A patient dreamt that he was sitting in an inn with his wife and that a common-looking man sitting at a table behind him asked him to go into the next room. There the man produced proof that he was a detective and informed the patient that his wife was deceiving him and living the life of a prostitute and, in particular, that on the previous Thursday (the night when the dream occurred) she had misconducted herself with a man in a lavatory, like any woman of the streets.

This dream contains various motifs : the degradation of the analyst (a common-looking man), the disturbance of privacy (detective), topographical representation (the man sitting behind the dreamer), reversal (in reality it was the dreamer who was concealing his relation with the analyst from his wife, for she knew nothing about the analysis). But, further, we see in the dream a disparagement of the analysis itself which is symbolized by the act of prostitution and coitus in a lavatory.

These are some of the most important resistances to the analytic

situation and can regularly be observed in the first phase of the analysis. I have presented them singly, but we must not expect always to find them so conveniently isolated. On the contrary, in dreams the different typical motifs almost always appear in combination, as we have seen in the last example which I gave.

From the first moment of the treatment I make the concept of the analytic situation the key-note, as it were, of the whole analysis. We may think of it as the system of co-ordinates to which we refer all the material produced in the analytic hour, whether in the form of dreams, associations or the narration of actual experience. This assumption of the cardinal importance of the analytic situation proves a very fruitful hypothesis upon which to work and is general in its application. After a short time the patient becomes familiar with this system of ideas and it helps to bring home to him three of the most profound truths of analysis, namely, the existence of the unconscious, its autonomy and the symbolic significance of all mental processes. He grasps the fact that psychic reality is incomparably more important than actual reality. As long as his analysis lasts, his real experience is comprised in the analytic hour and everything else becomes unimportant, sometimes almost dreamlike. After some resistance at the beginning, the patient always accepts this point of view which is put to him, and the result is advantageous in many ways. The development of the transference-neurosis is encouraged and long-past conflicts are thereby made actual, repressed material is translated into the present and brought nearer to consciousness. The analytic hour becomes a highly concentrated experience and this helps the patient to obey the rule of not letting his thoughts dwell on the analysis during the day, seeing that he can accomplish nothing without the active participation of the other player in the game. As I pointed out in my paper at the Oxford Congress, a certain activity on the part of the analyst is comparable to the technique which Anna Freud recommends in the analysis of children. The method proves no less successful in the analysis of those big children whom we call adults and whom, at least at the beginning, we must impress with our personality. They are quite as spiteful, distrustful and hostile as any child could be, but much more dangerous, because they hide all their hostility under the mask of a hypocritical friendliness. If, day by day and bit by bit, we pull this mask away from them, we finally succeed in conquering their fierce antagonism and bringing about the development of the transference. In this struggle we have to resort to every means which we can devise, for

otherwise the patient will see in every weak spot which he thinks he can detect a chance to carry out his purpose of evading or altogether escaping from analysis.

The technique which we employ when we insist on treating all the patient's psychic processes as a single whole does not, in fact, do violence to his mental life, as might at first sight appear to be the case. Our procedure is really an imitation, or perhaps a parody, of his own technique, for frequently his neurotic behaviour represents an inextricable tangle of dream and reality. In adapting our technique to this mode of behaviour we are doing just what a mother does when she adopts her child's baby-talk, and it is a fact of experience that she is amply compensated for meeting him half-way : the day comes when in return, he makes up his mind to speak as she does. The wonderful phenomenon of learning one's mother-tongue is reproduced in analysis in the development of the transference. This phase finds symbolic expression in the *composite figures* which represent the patient's *identification with the analyst* and also in dreams in which the *analyst appears in person.*

I imagine that it is superfluous to mention that, in dealing with dreams, we discuss not only the interpretation which has reference to the analytic situation, but *all* possible interpretations of the dream-content, especially those relating to sexuality. Nevertheless, interpretation in terms of the analytic situation is always and pre-eminently the barometer which indicates the state of the weather at the moment in the analysis, and all the others will fall into our laps without any effort on our part—indeed, if we only have a little patience, the analysand himself will produce them. Personally, I make a rule of suppressing sexual interpretations in the first instance, even when they seem obvious. This method is helpful in that, sooner or later, it causes pent-up material to burst out with all the force of an explosion, and this is an experience which makes a deep impression on the patient. The material may be said to interpret itself automatically.

In proportion as the transference develops, a change takes place in the character of the analytic situation. It is not that it loses in importance, but it has become an analytic institution which the patient has almost ceased to dispute, the platform for the common work of analyst and analysand, constituting a relation between them for which we should seek in vain for a parallel elsewhere. A wit of the legal profession once stated that the number of legal contracts which would be required to cover the whole range of the rights and duties of wedlock

was enormous and pointed out that even these would not exhaust the whole content of the 'marriage-complex'. Anyone who should attempt similarly to define the relation between analyst and analysand during the phase of the transference would find himself in even greater difficulties. It has in it something of the relation between confessor and penitent, teacher and pupil, chief and subordinate, parent and child, between children of the same parents, friends of the same or the opposite sex, between lover and lover, husband and wife. But, having used all these illustrations, we feel that we have inadequately attempted to convey a true idea of the peculiar character of the transference-relation, which does indeed comprise in itself all those which I have enumerated and many others besides, but is associated with a quantity of affectivity and ambivalence surpassing anything met with in the ordinary relations of life. And so in dream-symbolism the analysis is represented under such figures as I have just employed and the accompanying affects and ambivalent conflicts impart to the dream-contents produced during this period the character of an analytic experience which, in this as in other phases, gains in dramatic vividness through the constant emphasis of the analytic situation. We have proof that even now the resistances to the situation have not been extinguished: they have only become less acute. Uncontrovertible evidence of this is provided by the patient's behaviour in the final stage of his analysis, when there is nearly always a flare-up of the resistance which has been merely smouldering under the ashes—the typical 'resistance of the last phase'. But, before discussing this phenomenon, let me outline briefly what has taken place in the period between.

His experiences during analysis have made a deep impression on the patient and he has come to realize the relative insignificance of external reality as compared with the paramount importance of psychic reality. His ego has detected the criminal tendencies of the id and has recognized the super-ego, with its punishments, for the bogey-man it is. He is freer, more light-hearted, more conscious of himself. The libido, relieved of its many burdens, finds expression in male patients in an enhanced potency and the occurrence of powerful morning-erections, while women become reconciled to their feminine rôle, a state of feeling which often expresses itself in a heightening of their actual capacity for love. This is especially striking in women who have never before had normal feelings. The character of the dreams, too, has changed; originally they were permeated with anxiety, now they express rather a reflective and critical attitude of

mind. Dreams occur which represent the patient's efforts for emancipation and his tendency to depreciate and, finally, to parody and make fun of analyst and analysis. Let me give some instances of such dreams :

The patient dreamt that he was driving in a motor and that he took the wheel from the chauffeur who was sitting on his left and drove the car himself. (Emancipation-tendency.)

The fact that the patient is learning to depreciate the importance of external reality manifests itself in his dreams in the absence of anxiety with which he meets apparently dangerous situations. For instance, he learns that he is about to be executed forthwith, but no feeling of anxiety is aroused ; or he sees wild beasts coming towards him which, when they reach him, prove harmless ; or a fire breaks out without doing any damage. In these dreams the patient is demonstrating to himself and others that he has ' outgrown ' the analyst This is brought out even more clearly in the following dream by a patient who tended to feminine identification, ideas of his own hormonal inferiority having played a great part in his neurosis : One of his testicles fell off and, with it, his penis, which seemed remarkably small. They looked like an object made of clay. He handed it to a woman who was in the room, with her little daughter. The two of them ate it up with avidity and he felt himself immeasurably their superior.

Here we have a particularly good representation of the resolution by analysis of a complex formerly associated with marked anxiety.

The motif of depreciation is very obvious in dreams in which persons or things, formerly large or important, appear as small. The following is an illustration :

The dreamer was in a cemetery standing by the grave of the late Professor Schwind. In the dream the whole monument consisted only of a tiny, transparent, cube-shaped casket, and Professor Schwind, who was standing up in it, only half-filled it.

The symbolism is sufficiently clear : the analyst is done with (dead and small). Anyone familiar with the relation between dreams and wit will probably see in this dream a ' knock-out ' to the analysis itself (the little Schwind = a swindle).

Now, when the analyst perceives that this stage has been reached and decides to terminate the analysis, the announcement of, or even a hint at, his intention immediately arouses the ' resistance of the last phase ', to which I have already alluded. This resistance is designed to show either that the patient is just as ill and wretched as ever or

else that he refuses to feel himself indebted to the analyst for the success of the cure. There are, however, indications which tell an experienced analyst that this resistance, for all its manifest resemblance to the resistance of the initial period, is nevertheless different. The affect is not genuine ; it is a piece of acting, a ' put-up ' affair on the patient's part. The analyst who knows his work will see through the attempt and the meaning of this final phase of the analysis will reveal itself to him in dreams in which a ' *rearguard action* ' *motif* is symbolically represented.

A patient suffering from a psychic sexual disturbance, who during analysis had attained to a very satisfactory degree of potency, produced the following dream just before the termination of the treatment :

My father had summoned me to come and sing to some people in a certain house. As I was going in, he said it was no longer necessary. I felt deeply mortified and said as much, but apparently no one took me seriously.

Another patient had suffered from a disturbance of potency, and feminine identification had played a great part in his neurosis, but had now given place to a markedly masculine attitude. The night after he had received ' notice ' to leave his analysis he dreamt that he had sent a girl out of the house, but had secretly let her in again by a side-door.

A patient, one of whose principal symptoms had been the frequent occurrence of pollutions, had ceased to be troubled with them as the treatment went on. On the night after I had told him that I proposed to terminate the analysis he dreamt that a pollution had occurred and that he was surprised to find that I perceived it with consternation.

I must once more emphasize the fact, of which I am perfectly aware, that it is almost impossibly difficult to give satisfactory proof of the notions here formulated by means of isolated dream-fragments, torn from their context. It is a task which I hope to carry out better in the detailed work which I propose to publish at some future date. For the moment, however, I shall be very happy if the present paper stimulates my colleagues to review their own abundant dream-material in the light of the symbolism here suggested and so to test its accuracy.

ABSTRACTS

General

E. Servadio. 'Psicoanalisi e sessuologia.' *Rivista di Psicologia*, October–December 1936, Vol. XXXII, No. 4, pp. 219–225.

An exposition of the psycho-analytical theory of sexuality in which the common misunderstandings are cleared up and Freud's dualistic formulation of the instincts insisted on.

E. J.

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Murray, Henry A. 'Psychology and the University.' *Arch. Neurol. and Psychiat.*, 34,803, October 1935.

The author points to the need of that kind of a psychology which explains why people perceive, feel, think and act as they do. Academic psychology with its introspectionism, behaviourism, etc., are critically reviewed and shown to have passed over the great central problems of human nature. The medical psychologists and especially the psycho-analysts have provided the greatest impetus to an understanding of the problems in their elaboration of a thoroughly dynamic scheme for the representation of personality. Although conceding that the analysts in the main are correct, they are criticised for their inadequate presentation of facts, irresponsible speculation, hasty conclusions and the hypostatization of facts. This is attributed to their lack of training in the fundamental sciences and their pervading neuroticism. The learning of psychology in the graduate school of the university is unsatisfactory because human nature is not taught there; to go to a medical school and then study psycho-analysis is unnecessarily long and expensive. The medical school hinders the development of a psychological attitude and does not lead to an adequate standard of critical judgement in the student. The author lumps the medical psychologies together into four entirely incompatible schools of psycho-analysis. He suggests that some great university should establish a school of psychology with a four-year course of instruction. Along with courses in anatomy, physiology, psychology and the experimental methodology the psychology of personality would be stressed. Psychopathology, psychotherapy, principles of clinical medicine and psycho-analysis would be taught in the final years. The necessity of a psychology of human motivation is all-important. The case for the incorporation of the psychotherapeutist in the university is based upon his contribution to the science of psychology, his knowledge of abnormal mental phenomena and his position as an experimentalist. It is believed that the most determined opposition to the assimilation of psycho-analysis

by academic psychology will probably come from the Freudian analysts themselves. In so far as psychopathology must finally establish itself on normal psychology, psycho-analysis needs the university. If the ablest representatives of each branch of psychology are assembled, then the various ' isms ' will lose their limitations and man will become their proper study—as he should be.

Michaels, Boston, Mass., U.S.A.

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Susan Isaacs. ' Personal Freedom and Family Life.' *The New Era*, 1936, Vol. XVII, No. 8, pp. 238–243.

Individual development towards, or away from, personal freedom begins in the child's early experiences in the home, and can always be traced back to the family situation, to the attitude of his parents and to his own infantile picture of them (an absolute one) as either good or bad. This picture of extremes is reflected in himself and is only modified gradually. His earliest reactions to reality stimuli are based on the need to find somewhere the absolute good and to drive out or destroy the absolute bad. Personal freedom and fulfilment can be obtained, and social adaptation made, in proportion to the individual's ability to find satisfactory substitutes for these earliest drives. Some unsatisfactory ways of dealing with the problem are projection of hostility and of the destructive impulses on to the environment and especially on to persons in authority, the attempt to create an ideal state by loosing the powers of death and destruction, the compulsive search for ever-new and wholly good objects for love and admiration, and the forging of chains of perfection for the self.

The child sometimes tries to deal with the conflict by loving and clinging to one parent and hating and turning out the other, thus condemning himself to a one-sided development.

The central problem of the co-existence of love and hate towards the parents arises as early as the second half of the first year of life, but requires all the years of development for its solution.

Personal freedom means having learnt to acknowledge the claims and the human frailty of both parents, and allowed them their love for each other. This freedom cannot be achieved by the child unaided. He is dependent for it on his parents in his earliest years, and not the wisest of later educators can bring him to it if he has not received the earlier help. To consider the kind of early conditions most likely to lead to it is a matter of the first importance. Neither the moulding of the child by ' habit ', nor blind indulgence and absence of control (both of which tendencies are derived from anxiety in the parents) will do so.

An appreciation of the social value of the child's wish to grow and become skilful and independent, and the help given him towards that

end, and towards the successful control of his own hostile impulses, in an atmosphere of good relationship between the parents, provide the most likely conditions for the attainment of personal freedom.

N. Sheehan-Dare.

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J. C. Flugel. 'Psycho-analysis and Hormic Psychology.' *Character and Personality*, 1936, Vol. V, Part 2, pp. 160–167.

This is practically a review of McDougall's recent book on *Psycho-Analysis and Social Psychology*. The author agrees with McDougall's criticism that psycho-analytic theory, in spite of the changes it has undergone at Freud's hands, is still far from being clear and satisfactory. He also agrees that Freud himself, through the recognition of separate instincts of aggression and fear, has in some respects approximated to McDougall's own position. He points out, however, that McDougall, in spite of his expressed admiration for certain aspects of psycho-analysis—especially its applicability to social phenomena—has failed to realize the true value of the light that psycho-analysis has thrown upon the complexities of human life (e.g. the intimate and peculiar relationship between sex and fear, the intricate and varied nature of sexual impulses, the facts corresponding to such concepts as conflict, condensation, Pleasure Principle) and has also in certain cases under-estimated the degree of real correspondence which exists between his own views and those of Freud (e.g. the common elements between 'sentiments' and 'complexes' or between the self-regarding sentiment and the super-ego).

Author's Abstract.

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Clinical

Oberndorf, Clarence P. 'Feeling of Unreality.' *Arch. Neur. and Psychiat.*, Vol. XXXVI, No. 2, pp. 322–330.

Oberndorf has psycho-analytically studied eight cases of feelings of unreality or depersonalization. In a preponderantly male clientele, six of his cases were in females. This agrees well with the theory that depersonalization depends on an identification with the parent of the opposite sex who happens to personify intellectuality to the patient. He reports portions of the analysis of a case in which thought is identified with a feminine father and activity with a masculine mother. Oberndorf considers that in these cases a bisexual conflict with repression of the type of thinking considered by the patient to be characteristic of the opposite sex is essential. The feeling of unreality he thinks is much more prevalent in neuroses than has been previously recognized.

E. C. Milch.

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Erich Fromm. 'Die gesellschaftliche Bedingtheit der psychoanalytischen Therapie.' *Zeitschrift für Socialforschung*, Jahrgang IV, 1935, Heft 3.

The result and the duration of an analysis depend on how quickly a patient succeeds in penetrating the resistance which prevents the unconscious data from becoming conscious. In addition to the fears that the patient brings with him into the analysis, the attitude of the analyst is a factor strengthening or weakening the fears and, therefore, the resistance. It is not primarily relevant here what the analyst says or thinks consciously, but whether he unconsciously accepts the patient and his claim to happiness unconditionally. Freud's attitude towards the patient might be characterized fundamentally as 'tolerance'. He recommends facing the patient indifferently and coolly. The essay proceeds to demonstrate that this conscious liberalism involves unconsciously a strict repudiation and rejection of those impulses which are tabooed by bourgeois society, especially the sexual ones. Therefore, Freud in his authoritarian and patricentric character must be recognized as a typical representative of a society, which demands obedience and subjection. This attitude creates in the patient, despite its liberalism, new fears which make it more difficult to overcome the resistance and, therefore, blocks the success of the analysis.

The liberal tolerance represents at the same time a conscious relativism towards all values and an unconscious recognition of the taboos of bourgeois society. To utilize the Freudian therapy in the best possible way, it is necessary to connect it with an independent philosophy to accept unconditionally the patient's claim to happiness and eliminating from all valuations the taboos and abstract traits.

Author's Abstract.

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Edmund Bergler. 'Bemerkungen über eine Zwangsneurose in ultimis. Vier Mechanismen des narzisstischen Lustgewinns im Zwang.' *Internationale Zeitschrift für Psychoanalyse*, 1936, Bd. XXII, S. 238–248.

The form and content of a compulsion are determined not only by the anxiety lest the compulsion fail, but aim also at providing a narcissistic satisfaction on an early infantile niveau. The compulsion enables the ego to show its superiority over and its defiance of the super-ego. The subject is illustrated by case material.

I. F. Grant Duff.

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Daniel K. Dreyfuss. 'Über die Bedeutung des psychischen Traumas in der Epilepsie.' *Internationale Zeitschrift für Psychoanalyse*, 1936, Bd. XXII, S. 249–272.

The patient came under hypnotic treatment nine years after his first epileptic attack. Hypnosis threw the patient into attacks which were clearly a repetition of the accident which preceded the outbreak of the illness. As the outbreak of an illness is likely to be caused by something similar to its original cause, it may be concluded that there was a traumatic neurosis at a very early age.

An epileptic attack may represent a regression to the period of magic gestures when wishes procured their fulfilment by means of inco-ordinated movements.

The aspect of a severe epileptic attack suggests a person in a violent rage held fast by unseen forces. If the attack represents the conflict between the destructive instinct and the socially adjusted side of the ego, then the tonic stages of the illness could be a sign that the inhibiting forces are dominant. The epileptic is social at the expense of his health.

I. F. Grant Duff.

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Zilboorg, Gregory. 'Differential Diagnostic Types of Suicide.' *Arch. Neur. and Psychiat.*, Vol. XXXV, No. 2, pp. 270–291.

Zilboorg attempts to raise the question of the objective data, etc., which may exist so that we may suspect the possibility of suicide before the act is committed. He reviews various ideas of Freud on the subject of depression and suicide and then gives eight cases of attempted or successful suicide and discusses them. He stresses that others besides depressives attempt suicide. Some of his cases were typically obsessional neurotics. Here he found that killing out of motives of spite was of considerable importance. Another group of cases shows that identification with a hated person who died when the patient was at a crucial age, i.e. late infancy or puberty, seems to be conducive to self-destruction. The universality of the drive and its outstanding characteristics lead him to believe that some archaic response to inner conflict is at work and that possibly an ethnologic study would be fruitful.

E. C. Milch.

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L. E. Peller-Roubiczek. 'Zur Kenntnis der Selbstmordhandlung. Psychologische Deutung statistischer Daten.' *Imago*, 1936, Bd. XXII, S. 81.

The results of statistical investigations by L. Peller support psychoanalytical findings. The frequency of suicide is investigated in relation to hereditary, biological and social factors, and to other external circumstances like war and revolution.

H. A. Thorner.

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Children

Otto Fenichel. 'Über Erziehungsmittel.' *Zeitschrift für psychoanalytische Pädagogik*, 1935, Jahrg. IX, H. 2, pp. 117–126.

A popular account of the general significance of education (in a wide sense) and of the processes by which it achieves its ends. The dangers of excessive suppression of instinct are indicated.

The specific forms which education assumes in a given society, however, cannot be accounted for in terms of psychology alone. This problem is apparently reserved for a totally new science—a critical sociology of education.

H. Mayor.

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Gustav Hans Graber. 'Lotte—ein kleiner Struwwelpeter.' *Psyche, Schweiz. Monatsschrift für Psychologie, Heilpädagogik und Graphologie*, December 1935, No. 12, pp. 200–208.

Some account is given of the treatment, which appears to have had the happiest results, of an 'impossible' little girl child, the paper being mainly devoted to a description and discussion of the child's more significant reactions both inside and outside the analysis. The development of a marked positive transference was a feature of the case. No indication is given of the length of the treatment, and generally one could have wished for more precise information on a number of points.

H. Mayor.

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Wilhelm Hoffer. 'Bericht über die Einleitung einer Kinderanalyse.' *Zeitschrift für psychoanalytische Pädagogik*, 1935, Jahrg. IX, H. 4, pp. 271–292.

An account of the development of the 'preparatory stage' (Anna Freud) preceding the analysis proper of a nine-year-old boy.

H. Mayor.

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Dorothy Tiffany Burlingham. 'Die Einfühlung des Kindes in die Mutter.' *Imago*, 1935, Bd. XXI, S. 429–444.

The child has a greater ability for observation than has hitherto been believed. The pressure of the environment causes it to lose a certain amount of this capacity, but even so it is able to perceive and to react to many of its mother's repressed wishes. This assumption with regard to character formation dispenses, in part, with the generally received explanations of heredity and telepathy. (Gedankenubertragung ?)

I. F. Grant Duff.

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Nina Searl. ' Freudian Light on Children's Behaviour.' *The New Era*, 1936, Vol. XVII, No. 5, pp. 128–130.

The ' unreasonable ' child is reasonable according to standards of an unconscious logic hidden from both the child itself and the observer. The case of ' Jane ', six years old, unsatisfied and unsatisfiable, illustrates the working of this logic founded upon emotional distortions of past situations and upon anxiety connected with the birth of a younger brother.

N. Sheehan-Dare.

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Applied

E. Servadio. ' Psicoanalisi e letteratura.' *Rivista di Psicologia*, October–December 1936, Vol. XXXII, No. 4, pp. 226–233.

An interesting review of the respects in which psycho-analysis has been applied to the study of literature. The author considers the figures of Œdipus, Hamlet, Medea, Don Juan, and the works of Edgar Allan Poe. He concludes with an interesting analysis of Schnitzler's ' Frau Elsa '.

E. J.

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Ernst Kris. ' Bemerkungen zur Bildnerei der Geisteskranken.' *Imago*, 1936, Bd. XXII, S. 339–370.

The subject is discussed from the standpoint of ego-psychology. When the normal person scribbles, he does it by the way, whereas the whole personality of the psychotic is engaged. Sometimes the work of the psychotic impresses one as a caricature or a gryllus does. This is because in this form of art—as always in the drawings of psychotics—the primary process has full play. But, to use a rough antithesis, in the work of the normal person the primary process comes into the service of the ego, in the work of the psychotic the primary process swamps the ego. In drawing the human face the work of psychotics shows a peculiar emptiness and rigidity. This is because the drawing is an attempt at restitution and the person drawn is the psychotic himself. It is an attempt, by projection, to regain contact with the outer world.

I. F. Grant Duff.

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W. Bischler. ' Selbstmord und Opfertod.' *Imago*, 1936, Bd. XXII, S. 177–195.

Halbwachs (*Les causes du suicide*, F. Alcan, Paris, 1930) distinguishes between suicide and self-sacrificial death (Opfertod) in contrast to Durckheim, who classifies the latter under the heading of suicide, and calls it ' altruistic suicide '. Both approach the problem of suicide from a sociological angle. The author's view is that ' Suicide is either a direct or indirect revolt of the ego (weakening of the emotional links to super-ego

—father—society) or an attempt to re-establish loosened libidinal fixations, or, finally, self-punishment and restoration (compensation), rebirth. On the other hand, self-sacrifice (Opfertod) consists of total or partial annihilation of the ego through identification with a superior punishing morality (super-ego—father—society). Suicide can be caused by aggressive, revengeful, egoistic motives, or by masochism or altruism. Self-sacrifice is always an expression of oblational (giving) tendencies. . . . In each case the ego is sacrificed to the revengefulness of the id, to the wrath of the super-ego. The id plays a more or less important part in which it shows itself sometimes sadistic and violent, sometimes masochistic (death instinct). The super-ego appears in most cases independent and demanding '.

As to the relation to the sociological theory B. says : ' What D. and H. call society and social coercion are in our terms libidinal links, giving tendencies which are located in the super-ego or in the unconscious of all men. They are meta-personal, irrational, alogical forces which the conscious ego cannot resist '.

H. A. Thorner.

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John Anderson. ' Psycho-analysis and Romanticism.' *Australasian Journal of Psychology and Philosophy*, September, 1936, Vol. XIV, No. 3, pp. 210–215.

This paper takes for its starting point the article by J. A. Passmore in the previous issue of the same journal, and agrees that the exposure of the roots of romanticism by psycho-analysis should in the end help the science of æsthetics, but objects that most psycho-analysts fail to make the distinction between phantasy as the subject-matter of the work, and phantasy as a distorting influence on it.

The important point in the exposure of the roots of romanticism is the demonstration of the ' backward-looking character of phantasy ', the restoration of infantile bliss or even—with Rank—of a pre-natal condition. Thus it may be true of Romantic Art ' that its constructions are an overcoming of the birth trauma, a compromise between what we long for and what we are confronted with—this compromise frequently taking the form of the projection of the ideal state into the future '.

This theme is developed with literary illustrations, and reference to the ' Œdipus saving phantasy ' as mentioned by Ernest Jones in his Papers on Psycho-Analysis.

R. A. MacDonald.

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Stanley M. Coleman. ' August Strindberg : the Autobiographies.' *Psychoanalytic Review*, 1936, Vol. XXIII, No. 3, pp. 248–273.

A psycho-analytic study of Strindberg is made chiefly from his own

writings. His attitude to women was first over-idealizing followed by exaggeration of all traits he had hated in his mother. Also, in his attitude to men he began first with love and admiration, but as soon as he became in any way indebted or dependent, hatred developed. These characteristic reactions were traced to his attitude to his parents.

His paranoid development first became apparent with the advent of a stepmother whom he believed persecuted him. The paranoia became clear-cut during his first marriage. Beginning with jealousy and the belief his wife was unfaithful, he later became convinced she was Lesbian. At the end of his second marriage, which lasted only a year, a schizophrenic psychosis developed characterized by the delusion that he could manufacture gold, a power for which he was persecuted by his enemies and Unseen Powers by means of electrical attacks from behind him. Later he had the idea of the magical power of thought and a delusion of a double. He made a recovery from this by an attachment to Swedenborg, under whose influence he became fanatically neat, and accepted his torments as just punishment for his gold making. In his later writings he showed oral interests, e.g. there are characters who destroy others by starving them in various ways.

He maintained his hold on reality by reacting to external stress with projection. With the failure of heterosexual adjustment he gradually regressed from homosexuality to oral eroticism. All love objects, male or female, were parent surrogates. The final re-adjustment was made by adopting a passive homosexual attitude towards the father surrogate. This necessitated renunciation of anal eroticism, and was responsible for regression to the oral level.

Clara Thompson.

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Alfred von Winterstein. 'Swedenborgs religiöse Krise und sein Traumtagebuch.' *Imago*, 1936, Bd. XXII, S. 292–338.

The author follows the course of Swedenborg's illness, chiefly with the help of the dream diary for the year 1744; he discusses the diagnosis of Swedenborg's case, and shows parallels between his case and Schreber's.

I. F. Grant Duff.

BOOK REVIEWS

The Neurotic Personality of Our Time. By Karen Horney. (New York, W. W. Norton & Co. Pp. 290 and Index. $3.00.)

This book approaches the problem of neurosis from a unique angle. No attempt is made to draw a diagnostic picture of any neurosis, but rather the subject is approached from a study of character traits common to neurotics in general. The neurotic is presented from the outside in, so to speak. He is shown primarily as an individual reacting in inter-personal relations, that is, reacting to the institutions of his culture and its individuals. He is described as struggling with anxieties and hostilities in relation to people and situations. The author traces the anxieties back to a basic anxiety which is the feeling of a small helpless being in a hostile world. Defensive hostility is developed from this, and this hostility in turn creates new fears and so on through ramifications to the adult picture where anxiety finds expression in fear of loss of love and competitive fears of failure. The anxiety is roused by any impulse from within which violates vital interests in the cultural setting. So the adult strives to master the situation neurotically, on the one hand, by a compulsive need for affection, and, on the other, by a striving for power, prestige and possessions, or there may be a neurotic withdrawal from all striving. This in very meagre outline is the theme of the book.

Because of the difference of accent in the author's approach to the problem of neurosis from the usual psycho-analytical one, she tends to diverge from the strict Freudian theories at some points. Neurotic guilt and masochism are seen more in relation to the cultural picture than as concepts with a biological basis in the individual. The author also raises the question whether the Œdipus complex can be proved to be universal, whether we shall find it in all cultures no matter what the family structure is, or even whether we shall find that it exists in all individuals in this culture. She suggests that it may be found to grow out of a neurotic family situation. In short, the author views the whole situation from a cultural angle, whereas Freud seeks a biological foundation in the individual. The two points of view, of course, do not necessarily exclude each other.

The book will certainly arouse controversy in analytical circles. The reviewer would question whether it is a completely comprehensive picture of neurosis, whether, if one accepts the general scheme, it will be found to explain all types of neurosis or even whether it completely explains any one type of neurosis. If there are analysts who believe that the words of Freud must not be questioned, they will find some ' heresy ' in this book. To the person, however, who welcomes constant seeking after new truth

and the testing and re-examining of old ideas in the light of new points of view, this book will be a stimulus, whether he agrees altogether with its theories or not. To him it is valuable for two things—first, it presents a point of view which has been little considered by psycho-analysis hitherto : namely, the relation of neurosis to culture, and, secondly, it stimulates readers to clarify their own views about existing theories in the light of a new point of view.

Clara Thompson.

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Mental Healers : Franz Anton Mesmer, Mary Baker Eddy, Sigmund Freud. By Stefan Zweig. (Translated by Eden and Cedar Paul. London, Cassell & Co., 1933. Pp. 363. Price 15*s.*)

This curious concatenation of names would not have occurred to anyone but a journalist intent on book-making, nor would anyone else have described them as belonging to ' three persons who have worked upon the same principle '. And indeed the book is evidently intended to entertain the general reader rather than to furnish any serious contribution to history. Adequate lives already exist of the first two of the three figures dealt with, while Freud has hitherto—as also here—been unlucky in his biographers.

The tone of the book is in keeping with the journalist aim of preferring sensationalism to sober truth. ' Each of the great fanatics of mental healing has gathered myriads (!) of disciples around him, each has astounded his contemporaries by his cures, each has shaken the qualified medical world by the prowess of his deeds, and from each a mighty stream of influence has overflowed into the scientific sphere.' And any physician, humble in his acute awareness of the imperfections of his work, would be astonished to read about ' the magnificent organization of modern medical science, incomparably perfect in its thoroughness and its many-sidedness '.

The story of Mesmer is always interesting to read and the author tells it vividly. When, however, he speaks of his work as ' the first scientific method of mental healing ' any medical historian would point out that it was very far from being the first and equally far from being scientific.

Mrs. Eddy's life lends itself even more gratefully to a lurid narrative, and the author takes full advantage of the opportunity. But he is very badly out of his depth when in his final summing up he states : ' It may be, then, that Mary Baker Eddy's precise formulation will not be accepted in the future ; but no mere change in terminology will affect the world-wide psychological importance of her teaching. She was one of the masters of mental healing ' ; or that : ' This self-taught woman, standing apart from the wisdom of the schools, has acquired a permanent place among the pioneers of psychology, of the science of the soul '.

The section on Freud is more subjective than the other two and is not

so easy to stigmatize. The author has made a serious effort to understand both Freud's personality and his work, and has succeeded in producing a consistent picture of both. But it is a vision seen through uniformly tinted glasses, so that the total effect deviates very considerably from what those near to that personality and work would regard as the actual truth. The deviations are often subtle, but they are cumulative.

The author gives a very readable account of Freud's work, dealing with the fields of neuroses, dreams, parapraxes, sexuality, the unconscious and—most fully—Freud's final philosophy of life. The errors made are mainly ones of accent. Much too much is made, as often, of Charcot's influence on Freud's development. Freud's work is seen, again as often, essentially as a revolt against the conventional prejudices and hypocrisies of the much despised nineteenth century. We do not find much evidence of this protest as a motive in Freud's development: on the contrary, his cool independence seems to have been rather innocently astonished at the shocked response of his colleagues. Again, it is a shallow judgement that asserts: ' So self-evident now seem the formulas minted by him that it is easier to accept them than to reject ', or that ' we of the twentieth century can no longer understand why those of the nineteenth reacted so fiercely against the long overdue discovery of the impulsive forces of the mind '.

It is, however, in his estimate of Freud's personality that the author in our opinion most seriously goes astray. He rightly says that Freud forms convictions slowly, but then holds them tenaciously; whether this warrants the term ' intransigent ' is another matter. The general impression painted is that of a harsh unfeeling nature besides which the dourest of Presbyterians would be almost jolly. To those of us familiar with Freud's benign good-humour and unfailing generosity it comes as a shock to read ' Courteousness, sympathy, and considerateness would have been wholly incompatible with the revolutionary thought-trend of Freud's creative temperament '. After that one is not surprised to find a forcible amount of Freud's supposed pessimistic nature, a diagnosis I also beg leave to doubt. We also get the conventional idea of Freud's extreme combativeness and pugnacity, qualities which are not visible in personal acquaintance with him. The author greatly exaggerates Freud's passion for exactitude, which has never impressed me, and groans will arise from the memory of every translator of Freud when he reads that ' within all the pages of his numerous books you will not find a single sentence which could seem ambiguous even to the most uninstructed of readers '.

This review is necessarily critical, but for the general reader it should be said that the style of the book is most vivid and attractive, as was to be expected with such a competent and gifted writer as the author undoubtedly is.

E. J.

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Psycho-Analysis Explained. By Dorothy R. Blitzsten. (London, George Allen and Unwin, 1937. Pp. 78. Price 3*s.* 6*d.*)

This little book written by an American lady has an appreciative preface by Dr. Brill. It aims at popularizing knowledge about psycho-analysis and at removing certain misunderstandings concerning the application of it. The book is clearly written and we have no doubt it will do much to achieve its aims.

E. J.

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Pathologie de la Vie Amoureuse. By Dr. S. Nacht. (Paris, Editions Denoël, 1937. Pp. 198. Price 15 francs.)

A competent account of sexuality according to psycho-analytical knowledge.

E. J.

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The Medical Man and the Witch during the Renaissance. By Gregory Zilboorg. (Oxford University Press, London, 1935. Pp. 215. Price 4*s.* 6*d.*)

In three lectures Dr. Zilboorg describes the beginning of psycho-pathological study during the witchcraft epidemic of the Middle Ages. He defines the Church's orientation to psychic illness by extracts from the Malleus Maleficarum, sketches certain current speculative views and gives an account of the life and works of Johann Weyer who made the first realistic inquiry into mental disorder.

The interest of this historical survey lies in the recognition that the inquisitors in their examination of witches made as accurate observations of mental illness as any that were recorded until the intensive studies of conscious and unconscious material in this century, but that their understanding of psycho-physical phenomena was strictly determined by their conception of a diabolical internal object. Weyer's realism extended beyond clinical observation and informed his interpretation of symptoms and his therapeutic methods. Reference to his book, *De præstigiis dæmonum,* proves that Weyer was in fantasy more concerned with a poisonous internal fluid than with an anthropomorphic internal object, but it is not altogether clear what functions he ascribed to the devil in causing men either to sin or to fall ill.

Merell Middlemore.

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Philosophische Grundprobleme der Psychoanalytischen Psychologie : Eine Dialektische Studie. By Alexander Szalai. (Zürich, Octava Verlag, 1936. Pp. 63.)

The structure of this book is of a simple kind : Dr. Szalai makes a list of the important concepts that can be used in describing the phenomena of psycho-analysis ; to most of these he devotes a chapter by way of

exposition and clarification, while indicating now and then the view he is concerned to unfold; and finally he gathers these into a system of categories connected by Hegelian dialectic.

So far as psycho-analysis goes, the author certainly deals with all the important concepts of a certain class, such as the Unconscious, the Symbol, etc., and in his exposition brings out the important elements of these, taking pains whenever possible to remove misconceptions. With another class of concepts, such as those denoting some of the main features of the Œdipus complex, he does not deal at all. This is somewhat surprising, since one would have thought that Sexuality and Aggression would find places in a chain of dialectic just as satisfactorily as would Substantiality and Imagery. Psycho-analysts would not find in the more expository passages any unfamiliar material, and most philosophers—who, it may be assumed, are scarcely familiar with the detailed structure of psycho-analysis—would find the exposition over-condensed. It is possible, too, that the small portion of the book devoted to the dialectic of the psycho-analytical categories is over-brief: in fact it would probably present insuperable difficulty to a reader that was not well versed in Hegel's dialectic. An expansion of these portions would not, however, have been justified, in view of the immense Hegel literature—it would indeed have been out of place to give a fresh exposition of Hegel, especially when the author had no modification of Hegel's dialectic to introduce. Having assembled his categories and described their dialectical relations, Dr. Szalai sets them out in diagrams that are undeniably illuminating; and so the book ends.

It would be well to give some brief illustrations of Dr. Szalai's dialectic. He says (p. 25) that in the concrete mind there exists a synthetic unity of organization and process, and that these stand in a dialectical relation to one another, i.e. that process organises itself, requiring no mechanism outside itself for this purpose, and that organization is process. He gives (p. 26) not so much a dialectical proof of this proposition as a number of explanatory remarks whose function is to enable the reader to see the dialectical relation for himself (it may be mentioned that much of Hegel's own dialectic was of this kind). Thus a past process is preserved in organization, while organization achieves actuality only in signs of the past; organization is not observable in itself but in its effect on a process at some present moment, i.e. in its continually passing into a process that is in the present, a state of affairs that cloaks it from our view. The resulting effect, i.e. a conscious mental state at any moment, is but the appearance or outer representation of the totality that consists of organization manifesting itself at this moment in a mental process. The author adds (p. 27) that the contradiction of these two basic conceptions is not cancelled in their synthesis but merged (*aufgehoben*)—a typically Hegelian remark.

The symbol and the symbolized are also dialectically viewed. They are quite different from the sign and the signified, which have no *inner* relation with one another. The former pair subsist in indivisible unity—symbols cannot be arbitrarily changed. The symbol has, as it were, not only to do duty for the symbolized, but has to convey the sense of its presence also. Hence (p. 37) the relation of symbol and symbolized is not one of mere juxtaposition but one of forming an organic whole (*Ineinander*) —they have a unity in the dialectic of their reciprocity, and neither can have an independent existence.

The impression that these dialectical passages give is that they express profoundly important features of psycho-analysis, but that they would not bring these points home to anyone that did not know them independently, and that all the truths affirmed in this technical way could be expressed quite as accurately in simple language.

The reader is at a serious disadvantage in that there is neither introduction nor conclusion (except in the sense that the book begins and ends) : for Dr. Szalai does not examine his results or even put a valuation upon them—i.e. he does not state what he considers he has achieved. Perhaps it would be meaningless for anyone that accepted Hegel's dialectic as Ultimate Truth to discourse on the point of it—in the sense in which it would be meaningless for a miser to state the point of collecting riches—but such a statement is a reasonable demand to make of the author, seeing that the champions of Hegelian dialectic are nowadays very few in number.

This leads to the question of Dr. Szalai's assuming, without remark of any kind, the entire principle of dialectic. He attempts to build up a philosophy of psycho-analysis by means of a philosophical method that scarcely anyone holds. Marxists may be excluded from those that hold it, since its followers are more interested in what they can do in a social way by means of dialectic than in the nature of dialectic itself or of any scientific use of it that might be possible : they adopt it as a creed rather than hold it as a philosophic tenet. Among academic philosophers there is a widespread antipathy to dialectic, and scientists probably give it no thought at all. For what public, then, is Dr. Szalai writing, or, to put the question another way, should he not have given some reason for accepting dialectic on its own merits or for accepting it on account of the useful results it would bring about when applied as he has applied it ?

This raises the crucial point : of *what* value or of what *kind* of value is the result achieved by Dr. Szalai ? This is a point of which it seems too early to judge ; in fact this very ignorance of the value of work like his must give a sense of adventure to anyone that embarks upon it. No armchair reasoning, probably, will answer the question, and we must wait for some more of it to be done before we can decide.

In forming a tentative answer to the query, there are several questions

to be separated: (*a*) what was the net result of Hegel's dialectical philosophy; (*b*) what is the net result of Dr. Szalai's work; and (*c*) what could be expected of *any* 'philosophy of' psycho-analysis? It seems impossible to answer (*b*) without first answering (*a*).

(*a*) It may be helpful—if somewhat daring—to state Hegel's philosophy in a few words, assuming the conception of dialectic.

(1) Philosophy is a way of describing Reality.

(2) Reality contains the world of nature and objects around us, the world of man and society, and the worlds of art, religion, and philosophy (summarizing under a few headings most of the things that are real to man).

(3) Reality contains aspects and interrelations usually not suspected —the relations of dialectic.

(4) Categories are concepts that people use for certain spheres of objects: thus Quantity, Substance, and Cause, concern the ordinary objects of perception, such as chairs and tables; Life and Teleology concern organisms; and so on. Different sets of categories are appropriate to the description of different spheres of Reality, whether the world of nature or of art, etc.

(5) Philosophy is an activity by which we can gain insight into certain facts—insight that we should otherwise miss. The plain man thinks of natural objects as mutually independent, unrelated and so on: he does not perceive the dialectical relations connecting all objects and connecting an object with itself. Philosophy, therefore, contributes to the description of Reality, by discovering hidden (objective) relations.

(6) Pre-Hegelian philosophies failed to produce an adequate description of all Reality. This was because their method was faulty—the dialectic was not explicitly recognized.

(7) Philosophy (i.e. pre-Hegelian philosophy) is part of Reality, and it may be misconceived as a collection of attempts to describe Reality; but it, too, may be found to contain aspects and relations not suspected—the dialectical method reveals dialectical connections between the philosophies of, say, Spinoza and Leibnitz. Again, dialectical philosophy contributes to the description of philosophy and so of Reality. This philosophical method which enables us to describe adequately all Reality including philosophy is a philosophy of philosophy.

(8) The Absolute is a category, but the Absolute is also all Reality; that is to say the Absolute (category) is the only adequate description of all Reality.

(9) The study of the dialectic, the instrument that enables us adequately to describe Reality, is an activity worth pursuing for its own sake—

it is an experience. An artist might believe, for instance, that the activity of creating works of art was an experience worth pursuing for its own sake. It is similar with the philosophic experience.

(10) This is more than an experience to be added to a set of experience, so that by possessing it a man is richer by one more experience; it is indispensable to the fullest appreciation of those other ones he may already possess—thus the artist will miss the vital factor in his art if he does not perceive its dialectical relations.

Without putting Hegel's philosophy in some such way as this, it seems impossible to state what we learn from it or why it could be regarded as valuable (for it could conceivably be regarded as true but valueless): it must be explained as a means of gaining an experience supremely well worth having.

(*b*) Now Dr. Szalai does not state what he hopes to gain from his dialectical work. He may be assumed not to be carrying out speculation designed to assist, control, or modify clinical psycho-analysis. Indeed his thought proceeds in a manner so like Hegel's—at times it seems as if it might have emanated from parts of Hegel's *Philosophy of Mind* or *Phenomenology of Mind*—that we may not unfairly decide that his work could not by its very nature influence the practice of psycho-analysis at all. It is possible, then, that the activity of connecting the categories of psycho-analysis by dialectic is an experience that consists of a fuller realization of Reality.

Granting this, there arises the psychological question: what is the unconscious significance of this Reality, this philosophic Reality, which, evidently, cannot be experienced by a man even after he has been freed by therapeutic analysis, but which can be experienced only by means of a dialectic process? If there exists a process with the power of leading to an important experience, the implication is that it is in some respect more important and powerful than psycho-analytic technique, whose special function is to open up possibilities of experience. It would be interesting to analyse such a process; one suspects, however, that the unique experience of dialectic must be a personal way of dealing with reality.

(*c*) It is worth asking tentatively what may be expected from a 'philosophy of' psycho-analysis. For the most part philosophy is a method or a hypothesis for dealing with paradox. Actually the paradox must be a philosophic one, and so the philosophic *question* arises first. For example, a student of psycho-analysis might evolve a philosophy to explain the 'ultimate' relations between the various faculties of the mind, namely, the ego, the id, the super-ego, and so on; but his philosophy would be an answer to a question, namely, how is the mind *one* in spite of having *many*

faculties? In such a case the philosophic question would arise from supposing that psycho-analysis was like a mediæval faculty-psychology. Now this question would owe its existence to a *failure to realise* (emotionally) the connections between the 'faculties', i.e. a failure to realize (intellectually) that concepts such as ego, id, etc., are *descriptive concepts*.

None the less there does seem to be the vestige of a philosophic problem. Science consists in part of conceptual descriptions of observation-situations; but these descriptions are 'real' or 'have being' only in their connection with observation-situations, and they have no other kind of reality, such as a place in Plato's world of ideas. Now this must also be the case with descriptions involving the conception of the unconscious: the unconscious can have no meaning apart from certain conscious events or observation-situations. Such a statement, however, is psychologically unsatisfactory, for it conveys the impression that the unconscious is a useful fiction, which would contradict what is known of the great strength and vast domain of the unconscious. It would appear, therefore, that some philosophical clarification would be illuminating, if it could give an account of the strength and dynamic activity of the unconscious and at the same time avoid the use of language implying that the unconscious was an entity independent of all those conscious states that the conception of the unconscious is used to describe. Ordinary psycho-analytical language appears to hypostatize, or make a substance of, the unconscious; but to avoid this in therapeutical practice would diminish its importance. The question amounts therefore to this: Can the hypostatizing language be avoided at all? If not, are we right in supposing that scientific procedure demands that we should? If a 'philosophy of' psycho-analysis could help us to answer these questions, it would provide us with a clarification but no body of positive philosophy, and it would not influence clinical analysis.

It is to be regretted that Dr. Szalai's book contains a number of misprints not mentioned in the corrigenda.

J. O. Wisdom.

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The Psychology of Human Behaviour. By Joseph Harry Griffiths, Ph.D. (London, George Allen and Unwin, 1936. Pp. 515. Price 12*s*. 6*d*.)

This is a sensible and useful elementary survey of the general problems of psychology. After shewing the relation between commonsense views, literary interpretations and scientific method in psychology, the author approaches the field of human behaviour from the standpoint of *learning*. He does this because, as a teacher, he has found that the topic of learning 'induces in the students a positive realization of the direct significance of psychology for their own immediate problems' (Preface). Nearly half the book is taken up with the study of modes of learning and the measurement

and interpretation of intelligence; then follow two chapters on the psychology of feeling and emotion, and only after a discussion of thinking and imagining are the psycho-physiological problems of sensory functions taken up. In this it will be seen that the author shews far more wisdom than many psychological text-books, which start with the nervous system and sensory processes, thus orientating students to a physiological and atomic point of view. The final chapter is on the psychology of personality.

In his discussion of feeling and emotion, the author shows more acumen and balance than many writers of academic text-books. In spite of being considerably influenced by McDougall's work, quoting from his *Abnormal Psychology*, Professor Griffiths is yet able to give a more just and sympathetic brief account of psycho-analytical theory than is common in such books. He over-simplifies Freud's views to the point of caricature, when he says: 'Thus Freud conceives the development of human personality. Through the stages of the id, the ego and the super-ego, one's personality is fashioned in the fires of conflict' (p. 263). Such over-simplification must make it harder to accept psycho-analytical theory; nevertheless he feels that 'psycho-analysis presents evidence which at least appears fascinatingly real. Its account of the developing personality through the stages of the id, ego and super-ego strikes one as a veritable mirror of one's own self, and it is this aureole of plausibility, despite the impedimenta of its terminology, which has won for psycho-analysis a widely acknowledged place in the psychological, psychiatrical and literary suns' (p. 268).

The author assumes, however, that psycho-analysts take the simple-minded view that 'the validity of their theories is attested by the cures' (p. 268), and naturally goes on to say that this would allow Coueism, Christian Science and primitive magic to claim a similar validity. He does not take the further step, as he should, of pointing out that any ultimately satisfactory theory must be able to explain how all these 'cures' come about, and that any scientific therapy must be able to shew what the relation is between these other phenomena and its own. Nor does he seem to be aware that psycho-analysts hold that their theories are validated, not by the fact of cure, but by the precise and detailed nature of the changes which take place during the process of treatment and recovery—or, for that matter, of failure.

Susan Isaacs.

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Infant Speech. By M. M. Lewis. (London, Kegan Paul, 1936. Pp. 335. Price 12*s.* 6*d.*)

This scholarly work represents a very solid contribution to our knowledge of the development of speech in the infant. The author is both a paedogogue and a phonetician. He reviews the previous literature intensively, though not comprehensively, and adds a close study day to day of

his own of the earliest signs of speech in a particular infant. Not content, as many writers have been, with noting only formed speech he has investigated very carefully the inchoate precursors of this. He presents a very technical phonetic study of the earliest sounds, classifying them into 'comfort-sounds' and 'discomfort cries'. The former differ from the latter in quality, are more limited in type and are usually nasalized. That the back consonants, such as k, g, r, should be comfort sounds he explains on physiological grounds.

In an interesting study of babbling the author finds two main motives at work. One, developing Freud's idea of repetition-compulsion, he considers to be the need to obtain mastery. The other—perhaps related to it—is the æsthetic pleasure in rhythm and pattern.

The author's aim was to co-ordinate the detailed observations of the beginning of speech with the infant's behaviour at each stage. In this, however, his success is very limited. He has been greatly hampered by his knowledge of psychology being limited to that of the academic variety and gives little hint of familiarity with modern dynamic psychology, particularly of child analysis.

There is, unfortunately, no mention of any of the psycho-analytical contributions to the study of language.

E. J.

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Psychology of Adolescence. By Luella Cole, Ph.D. (London, George Allen and Unwin, 1936. Pp. xiv + 503. Price 12*s.* 6*d.*)

This text-book, which is addressed to American high-school teachers, aims at giving 'a comprehensive picture of the adolescent years'. It includes suggestions for alterations of the curriculum and guidance regarding practical difficulties. For instance, the author is emphatic in recommending treatment by specialists wherever serious psychical maladjustment occurs. The book is largely based on tests of all kinds and questionnaires, but it also contains many short case histories. It has an immense bibliography and the author seems to write from a wide experience.

Dr. L. Cole regards adolescence as a 'new phenomenon and as one peculiar to our civilization', but is she right in thinking that it is because it is *new* that we know so little about it? It is a facile point of view, and is perhaps responsible for the fact that psycho-analysis is practically omitted as 'not objectively proven'.

I. F. Grant Duff.

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The Pageant of Childhood. By Amy King. (London, George Routledge & Sons, 1936. Pp. 96. Price 2*s.* net.)

This small volume contains practically all the knowledge essential to mothers in their everyday handling of the very 'normal' child.

Book I tells of his needs during the first year—clothes, furniture, daily routine; Book II of his care in incipient sickness and in health from one to five years; and Book III touches on some of the problems which arise from the first schooldays to adolescence. One chapter of this is reserved for special reference to the development of the mind.

The keynote of the book is balance. Almost every aspect of the child's life is taken into consideration, and warning is given against excess in any one direction or over-enthusiasm for measures which contain possibilities for harm, such as sun-bathing.

Mrs. King, a mother of seven children, gathers up the fruits of her own experience, enriched by her powers of observation, for the use of less knowledgeable mothers. The atmosphere of certainty which pervades the book may, nevertheless, be the despair, as well as the envy, of those less happy or successful. While she seems aware that difficulties in upbringing exist, she makes the debatable assumption that certain behaviour on the part of the mother will have certain definite results, e.g. (p. 35):

'If you establish the habit of making baby rest immediately after the midday meal, there will never be any question about it.' And (p. 39):

'The habits of regularity and cleanliness you have instilled in baby's first year will, of course, be continued.' She is little concerned with even minor difficulties here or in connection with feeding or sleeping; yet the percentage of children in whom none occur must be small indeed.

It may be asked whether omission of any mention of bed-wetting, thumb-sucking and like habits is due to the view that they are not to be found in well-regulated babies, or that they are a part of normal child life and do not present any problem to sensible mothers, or that they are outside the sphere of the book altogether and are to be classed as abnormalities. Some information on these points might have been welcome to the inexperienced, and its absence is to be regretted in view of the solid wisdom and worth of the book as a guide to mothers.

H. Sheehan-Dare.

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From Birth to Maturity: An Outline of the Psychological Development of the Child. By Charlotte Bühler. (London, Kegan Paul, 1935. Pp. 237. Price 7*s.* 6*d.* net.)

This small book offers a schematic survey of the general development of the child from birth to maturity, drawing fully upon the author's own researches and referring briefly to a large number of other investigations. It draws together in an interesting way a great deal of valuable material, but the picture presented is somewhat unsystematic and uneven in its emphasis.

Suggestive comments are made at many points. For example, the author points out the way in which 'external stimuli constantly upset the

balance of the child during the first six months, but in the course of its second half-year the child learns to maintain its balance in the face of the impact of the world around it. When the child begins, at the end of its first year, to walk and to explore its surroundings independently, its equilibrium is again disturbed, upset, endangered. We find, as a result, that the second-to-fourth-year-old child is thrown very easily out of equilibrium and that only with the fifth and sixth year of life is it again regained ' (pp. 7–8). This is clearly very inadequate as the major explanation of the difficulties of the child, but nevertheless it must be a contributory factor.

The author does not seem to be fully informed as to the way in which the various well-known standardised systems of intelligence tests have been arrived at (pp. 10–11). Perhaps the inadequacy of her account arises from the need to claim : ' Our test system differs radically in its point of departure from most psychological tests . . .' Her account of Spearman's point of view, also, is confused and uncomprehending (pp. 160–163).

It is hardly surprising, therefore, to find Dr. Bühler ill-informed and un-understanding when she touches upon the field of psycho-analysis. In contrasting the method of Freud with that of other workers, she speaks as if psycho-analytic workers were entirely non-cognisant of actual behaviour, and appears seriously to imagine that psycho-analysts do not observe conduct and take into account overt expressions of feeling. It may be the somewhat arrogant need to claim a distinctive method of her own which leads to this confusion of judgement and the naïve attribution of silliness to serious workers implied in : ' We believe that a discussion of psycho-analytic results will become valuable only after we can make comparisons between the data found by the psycho-analytic method and the data found by the method of direct observation of children's behaviour ' (p. 61).

Again, a failure in human understanding is indicated in the following passage : ' All observational material shews that the masturbative manipulations of infants occur regardless of who is or is not present and his own connection with the presence of the preferred person. Small children masturbate when they are left to themselves in a play situation, sometimes with someone present. This seems to indicate that these physical enjoyments of the body's pleasurable functions have nothing to do with emotional reactions to people, but are a development in quite another direction ' (p. 64). Evidently Dr. Bühler cannot see the *social* significance in the fact that ' children masturbate *when they are left to themselves in a play situation* '. Being left to himself is surely a definite social experience, an element in the child's relation to other people, with no little emotional value.

Susan Isaacs.

Nursery School and Parent Education in Soviet Russia. By Vera Fediaevsky, in collaboration with Patty Smith Hill. (London, Kegan Paul, 1936. Pp. 265. Price 10*s.* 6*d.* net.)

This book is almost entirely descriptive and deals mainly with two aspects of its subject (1) the protection of motherhood and infancy—legislation, research work, health propaganda and the uses of a museum in connection with this ; (2) the care and education of the infant and small child in institutions. It describes these matters in detail and in their relation to the social ideals of Communism. To quote from the Russian author's preface : ' Though my principal aim is to describe the educational work, I also give considerable attention to other factors which enter into the social reconstruction following the October Revolution in Russia '.

Here are model institutions of all kinds for mother and child—consultation centres, crèches for town, for country and ' field ' or travelling, nursery schools and milk kitchens which are ' an embodiment of hygienic and educational ideals and principles '. Two chapters, amply illustrated, are given to the description of nursery equipment and toys.

The original spur to the recent much increased activity in infant welfare was the prodigious rate of infant mortality which formerly prevailed. The author states that during the years of the revolution this was lowered by about 40 per cent., and that the intention of the present Government is to extend greatly the scope of its work in this direction.

The aim of the book is to enable those who do not journey to Soviet Russia to learn of the excellence and extent of the mother and infant welfare work done there. Vera Fediaevsky, carried along by the same enthusiasm which is the driving force behind the activities she both describes and shares, achieves this aim, and lightens her task by introducing delightful photographs of children in many typical situations.

Even those critics most at variance with Soviet educational methods and ideals may admire the thoroughness with which they are given practical shape, the excellence of the results obtained on the physical side and that devotion which inspires what is almost an apotheosis of mother and child (though this is intended to subserve the interests of the State) and so much intelligent activity in their service. One is the more surprised, therefore, to find a faith which trusts that the placing of infants in a pen together for an increasing number of minutes per day (p. 102) will induce them to become socially minded, or that apparent and immediate results, psychologically, are the ultimate ones. If proximity could make us charitable, what need for churches in our crowded cities ?

The book might well be read by all who are concerned with child welfare.

H. Sheehan-Dare.

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The Story of Human Error. Edited by Joseph Jastrow. (London, D. Appleton-Century Company, 1936. Pp. 439. Price 12*s.* 6*d.*).

This book is a popular, pleasantly readable résumé of the sciences, each chapter discussing one of the sciences and written by a specialist in the field. The approach to the subject is unique in that instead of the usual over-glorification of progress so often found in popular summaries of scientific work, this book stresses the mistakes made and the way in which human limitations have impeded progress. Two general types of error are found—first, that due to ignorance, which may be briefly described as the necessity of trial and error seeking. The second group of errors are produced by the nature of man; i.e. his tendency to systematize prematurely and to cling to preconceived ideas and superstition. The emphasis on this latter group of errors gives the book its chief distinction.

The book is divided into two parts—the first, called the World, the second, Man. Under the first is included astronomy, geology, physics, chemistry, zoology, etc. Under the second, anthropology, psychology, sociology, medicine, and psychiatry.

As is inevitable in a book written by many authors, there is some unevenness in the relative quality of the various chapters. The chapter on psychology is the most disappointing and includes among its defects a gross misrepresentation of Freud's work. In the chapter on psychiatry, psycho-analysis is not discussed. The author gives personal prejudice as his excuse for omitting it. In the chapters on anthropology and sociology, where one might expect some constructive or destructive reference to Freud's theories, psycho-analysis is not mentioned.

Clara Thompson.

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Co-operation and Competition Among Primitive Peoples. By Margaret Mead. (London, McGraw-Hill Publishing Co., 1937. Pp. 531. Price 24*s.*)

This interesting study is the first survey 'of the possible contribution of ethnological material to the planning of research in competitive and co-operative habits' under the direction of the Social Science Research Council. The book considers the available material chapter by chapter from various ethnological sources, e.g. the Kwakiutl of Vancouver Island, the Bachiga of East Africa, etc.

The author considers she is justified in coming to certain fairly definite conclusions as the result of even this preliminary survey. They are as follows:

'Whether a group has a minimum or a plentiful subsistence level is not directly relevant to the question of how co-operative or competitive in emphasis a culture will be.

'The social conception of success and the structural framework into

which individual success is fitted are more determinative than the state of technology or the plentifulness of food.

' There is a correspondence between : a major emphasis upon competition, a social structure which depends upon the initiative of the individual, a valuation of property for individual ends, a single scale of success, and a strong development of the ego.

' There is a correspondence between : a major emphasis upon co-operation, a social structure which does not depend upon individual initiative or the exercise of power over persons, a faith in an ordered universe, weak emphasis upon rising in status, and a high degree of security for the individual.'

It will be of interest to see whether any of these conclusions can be correlated with the findings obtained from psychological studies of the individual.

E. J.

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The Psychology of Feeling and Emotion. By Christian A. Ruckmick. (London, McGraw-Hill Publishing Company, 1936. Pp. 529. Price 25*s.*).

In this book a professor of psychology has set out to give ' at least a tentative systematization of theoretical contributions and experimental research ' in the field of the emotions. ' The author pretends to do no more than to pass judgement on what has been done ' and wishes to co-ordinate his own studies (published) with other research. In so doing he hopes to ' lead others toward more intensive productivity in ' the field. There is in this field, as the author points out, ' a wealth of data scattered over a large territory, and there is, on the other hand, an obscurity of focus which has led to a confusion of results '. If the author has fallen short of bringing about the systematization which is his aim, anyone familiar with his subject-matter will not hold this too much against him.

A further difficulty in both systematization and evaluation, however, would seem to lie in the author's lack of grasp of some of the important trends in medical psychology, and to a lesser extent physiology as well. Cannon and Crile are the only physicians whose work is cited with any great frequency, yet one needs to include more from the side of medicine if one is to encompass what is known of feeling and emotion. The author is puzzled by psycho-analysis—to judge from the concluding paragraph of his section on this subject. ' We might also question the assumption of subtlety on the part of so primitive and blind an entity as the id, or even the ego. The whole system, we recall, is a "feeling psychology ". But the subterfuges that appear in hiding the real character of the libido are worthy of the astuteness and cleverness of a supreme order of intellect. How is it possible, then, to get the process of camouflaging started—a process that takes the acute mind and long practice of an analyst to

unravel? If Freud has ever satisfactorily answered this fundamental question, the writer is unaware of it. To imply it in the general order of nature, is probably too much for a present-day naturalist!'

In addition to finding such theoretical difficulties he questions the success of the method 'because of the high degree of suggestibility that is involved in the "talking-out" process. Surely it can be said that Freud built no complete system of psychology and he used no controlled experimental procedures. Nor has experimental psychology or medicine corroborated any of his findings: they could not well do so. But our discussion shows how an emotional drive has been used throughout, in almost complete disregard of intellectual or cognitive factors, to build up an internationally acclaimed method of treating psycho-pathological individuals'.

According to the author: 'The book is designed to follow no particular point of view. It tries to evaluate facts and theories supplied from many types of interpretation. Although a central phylogenetic theory permeates nearly all the chapters and although this theory is offered principally from the experimental standpoint, it is widely correlated with neurological conceptions'. It may be noted that this theory is used sometimes more felicitously, and sometimes less, for example, in connection with psychoanalysis, as a means of integrating the material. Coghill's excellent work is drawn on extensively.

The book consists of twenty chapters (529 pages). The four less definitely theoretical chapters deal with 'the facial expression of emotion', 'other experimental procedures of expression', the electrodermal response' and 'the experimental procedures of impression'. The treatment of the material is uneven, that belonging in the field of experimental psychology being perhaps the best handled. Although one may feel that a little too much is expected from the organism-as-a-whole idea, references to which are pretty well scattered throughout, the psychologist is in need of this type of orientation. In conclusion the author stresses again the psychologist's neglect of the field of feeling and emotion, and any attempt to correct this situation is to be commended. There are review questions, and a brief list of references at the end of each chapter, as well as author and subject indices.

Clara Thompson.

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Sex and Personality: Studies in Masculinity and Femininity. By Lewis M. Terman and Catherine Cox Miles (assisted by nine others). (London, McGraw-Hill Publishing Company, 1936. Pp. xii + 600. Price 25*s*.)

From Galen onwards, psychologists and physiologists have endeavoured to distinguish types or temperaments, with the help of which to classify the bewildering variety of mental and bodily characteristics in human

beings. Their attempts, however, have very seldom resulted in anything more than arbitrary (if convenient) divisions of mankind, for most measurable or definable characteristics present an almost infinite series of gradations. In one matter only is there a perfectly clear division of mankind into two easily distinguishable groups with an almost negligible number of 'intermediate' cases—the division into those who possess reproductive organs of a male or female kind. This primary sexual differentiation is, moreover, highly correlated with certain 'secondary' sexual characters of an anatomical or physiological kind. The question whether there exist any corresponding mental differences is, therefore, one of supreme interest to the psychologist. We might well expect that, here if anywhere, it would be possible to find evidence of clearly distinguishable mental 'types'.

And yet, so far as our present evidence goes, this is not the case. Here too, there is no sharp dichotomy, but at most a tendency for one sex to show a little more or less of any given character than does the other, so that there is a wide overlap in the curves of distribution for the two sexes, the differences between the extreme cases of either sex being enormously greater than the differences in the averages of the two sexes. Moreover, the mental differences seem to be a good deal smaller than the physical ones, and in the mental sphere itself the lower levels tested—the sensory and motor functions together with the more mechanical aspects of retention —reveal greater differences than the higher ones, there being apparently no significant difference at all so far as 'g' or pure intelligence is concerned. Hitherto, however, most experimental investigations have been carried out on the cognitive aspects of the mind (since these have proved more readily measurable) and it has been widely suspected that, if and when it becomes possible to make similarly accurate measurements on the orectic side, larger differences may be revealed.

The special interest that attaches to Terman and Miles' book is that it describes an elaborate experimental study which deals predominantly with just this aspect of sex differences. The authors' orientation, however, is not quite the same as that of previous investigators in this field. Whereas the purpose of most earlier studies has been to determine the nature and extent of the mental differences between comparable *groups* of male and female persons, the chief aim of the present research is to discover how far given individuals of either sex display characteristics which can be regarded as 'masculine' or 'feminine' respectively. But, since this can only be determined when we already know what are the distinguishing criteria of masculinity and femininity, the work naturally throws light also upon the older problem of group differences, though the ascertainment of these differences is here treated as a means to an end rather than an end in itself. This difference of orientation manifests itself in the choice of

immediate aim and method. The older workers in this field endeavoured to find what were the sex differences, if any, in some comparatively well-defined function or ability, e.g. sensory discrimination, memorization of nonsense syllables or poetry, the power to assemble bits of apparatus, the detection of absurdities, or the eduction of ' opposites '. The items or parts of a test (if it could be divided into parts) aimed at providing merely so many repetitions of the same measurement with a view to eliminating random errors : furthermore, the function or ability measured was supposed to be significant and interesting for its own sake, and there can be no doubt that the investigators hoped to discover differences that were constitutionally determined rather than such as were due to training or tradition.

In the present study, however, an attempt is made to obtain an index of an individual's masculinity or femininity on the basis of his replies to a great number of discreet questions, not one of which is of much diagnostic significance or interest in itself, but every one of which has been empirically selected as showing relatively large sex differences in response. The method is therefore similar to that of the ' neurotic inventories ', several of which have already been published, the aim of which is to measure the degree of an individual's tendency to be neurotic, just as the aim here is to measure the degree of his masculinity or femininity. No attempt has been made, in selecting the items, to distinguish between constitutionally and environmentally determined differences : the mere existence of a significant difference in the replies given by members of the two sexes has been regarded as sufficient to justify the inclusion of an item. The authors themselves, though in this and in other speculative matters they express themselves most guardedly, are clearly in favour of an environmental explanation of the majority of the differences found, and refer in support of this view to the recent work of Margaret Mead which seems to show the extreme modifiability of sex patterns as exemplified in three primitive societies in New Guinea.

The unrestricted inclusion in the present test material of many items the responses to which must be largely determined by education and other social influences, may make it necessary to obtain fresh norms from each culture tested, even though the differences in culture are no greater than those that obtain between one western nation and another. Thus, on the basis of American results, the correct answer to the item :

' Beethoven is known as a—composer, painter, poet, singer ', is listed as a ' feminine ' reply, while that to ' Marco Polo was a famous—king, philosopher, traveller, warrior ', is regarded as a masculine one. It is clear that very slight differences in educational emphasis might abolish this difference or even reverse it. Still another difficulty (one which is shared by many comparable forms of test and inventory) is that, once the purpose

of the test is known, it becomes possible for an individual very seriously to modify his score by ' faking '—as is shown by a special experiment conducted for this purpose. The M.F. test (as the authors call it) is therefore camouflaged as an ' Attitude Interest Analysis Test '—a measure which, when the test becomes better known, may not always be effective. This is a difficulty not encountered by intelligence tests, which can be faked, if at all, only by the much more difficult process of ' cramming '. New forms of intelligence test, too, can be devised with comparatively little labour, whereas the preparation of a new form of M.F. test would require extensive preliminary research. Nevertheless, when we have once resigned ourselves to the inevitable limitations of the method, we must admit that the authors' achievement here recorded (the result, it may be mentioned, of much arduous research carried on over ten years) constitutes a very notable advance in the psychology of sex differences, as regards both methodology and the knowledge of new facts.

In its present form the M.F. test consists of two comparable parts, which can be administered either singly or together. Each part consists of seven ' exercises ' devoted respectively to ' word association ', ' ink-blot association ', ' information ', ' emotional and ethical response ', ' interests ', ' personalities and opinions ', ' introvertive response ', the seven exercises in each part comprising in all just over 450 items. The test has been applied to many persons of various age, class, ability, occupation and attainment (though, as the authors point out, it is not applicable to those below a certain level of ability and education). From the rich harvest of results, only a very few can be mentioned here.

An interesting comparison is made of certain occupational groups. Among males, college athletes rank highest in masculinity among those tested : while certain professions rank as follows in order of descending masculinity : engineers, lawyers, salesmen, bankers, physicians, teachers, clerical workers, farmers, policemen, clergymen, artists. A selection of women's groups stand as follows, in order of ascending femininity : superior athletes, holders of M.D. or Ph.D. degrees, *Who's Who* women, nurses, secretaries, typists, music teachers, dressmakers, domestic servants. In general there would appear to be a small positive correlation between intelligence and masculinity, though, in both college men and college women, scholarship correlates negatively with masculinity. It will be noticed from the above list of occupations that athletes of both sexes are strongly masculine. In both sexes introversion (as measured by two independent tests) goes with femininity, while in men (but not in women) mechanical ability is found among the more masculine. It is interesting to note that there appeared to be no certain or well-marked correlation between M.F. score and any of some twenty physical measurements, though the data suggest that for males there may be some small tendency

for men of unusually small stature to have low masculine scores. There is also a suggestion that early puberty is associated with greater masculinity in boys and greater femininity in girls, while, as regards age, in both sexes an initial rise in youth to a more masculine level is followed by a decline throughout maturity towards femininity. What might appear to be an increasing femininization of both partners in a long marriage is really due to this correlation with age, though the children born in a marriage appear to influence the M.F. score of their parents, both quantitatively and qualitatively; with increasing size of family both father and mother tend to score more feminine, though this tendency may be arrested or reversed when the children are all boys. No corroboration was found of the suggestion sometimes made that marital happiness depends on a certain difference (or similarity) between the masculinity or femininity of the partners, though divorced women test definitely more masculine than either happy or unhappy wives.

Particularly interesting are the results obtained with male homosexuals. Here there appeared to be a striking dichotomy, so far as the American Army was concerned: while passive homosexuals tested more feminine than women college athletes, active homosexuals are definitely more masculine than the army group of roughly comparable ages. The data so far obtained on homosexual women are, the authors warn us, too limited to warrant generalizations, but so far they have found no active homosexual female with a normally feminine score and no passive one with a score that was highly masculine. In view of these results it is to be regretted that no attempt has been made to discover any correspondence that may exist between M.F. score and the sexual tastes or habits of heterosexual persons. Here there is obviously a vast field awaiting further study. As regards male homosexuality, however, the authors have constructed an 'I' or 'invert' scale (obtained by a special weighting of the test items), which seems likely to prove of value for diagnostic purposes, and the case studies connected with these, as with other persons falling into special categories, form some of the most interesting portions of the book and serve to bring conviction to the real usefulness and validity of the M.F. test.

Turning finally to the question of group differences between men and women, as envisaged by earlier researches, some interesting though not altogether unexpected results are forthcoming. Women are distinctly more emotional in all four of the emotions touched upon in the test—anger, fear, disgust and pity. They also express more vigorous ethical condemnation, the difference between the sexes being specially marked as regards relatively trivial offences and offences more common in males. Sex differences, as regards interest, information and free association, reflect in the main the occupational and traditional attitudes characteristic of our

civilization, males preferring the out-of-door, the adventurous and the useful, females the indoor, the decorative, the 'ministrative' and the urban, aspects of life.

As regards M.F. scores as a whole, the distribution of the male and female populations tested overlap only to the extent of about 10 per cent. —an overlap much smaller than that found in previous experimental studies of sex differences. But this of course is due to the procedure followed in constructing the M.F. test, which was made up only of items in which preliminary work had already shown that large sex differences existed—whereas in other investigations there had of course been no such selection. For this reason, as the authors are careful to remind us, it must not be supposed that the test in any way indicates the general magnitude of sex difference in the fields of interest, knowledge, attitudes, that were tested. On the contrary it reveals, rather, the extent of the most extreme divergences between the sexes, in so far as the experimenters were successful in devising items which brought these divergences to light. Although the book is already both long and full of valuable material, it is yet perhaps to be regretted that the authors have not told us more concerning the items that were tried out in preliminary experiments and then rejected as shewing only small sex differences or none at all. Although this would have been irrelevant to their own immediate purposes of devising a test to measure individual masculinity or femininity, the information might nevertheless prove very useful to subsequent workers in this field.

There is no doubt that the book deserves careful study by all who are interested in sex differences, from whatever angle they approach the subject. As this means that the number of readers should be large, it may be mentioned in conclusion that, in spite of the great amount of technical material presented, the authors never allow themselves to forget that they are primarily psychologists, for whom 'tests' and statistics may be useful tools but nothing more.

J. C. Flügel.

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Sex and Personality[1]*: Studies in Masculinity and Femininity.* By Lewis M. Terman and Catherine Cox Miles. (McGraw Hill Book Co., Inc., New York and London, 1936. Pp. xi + 470 + 130. Price $4.50.)

Psycho-analysts are as a rule inclined to be somewhat disdainful of studies emanating from the academic psychologist as being too much concerned with quantitative concepts and too narrow in their scope to deal adequately with the intransigencies of individual humanity. *Sex and Personality* is unquestionably statistical in its approach, but it is informed

[1] [Since reviews have simultaneously been sent in of both the American and English editions of this book, we have decided on this occasion to publish both. —Ed.]

with a humility, a breadth of viewpoint and a ripe wisdom not frequently encountered in the product of academic psychology.

The attempt has been to devise a test which will shew whether the dichotomy ' masculine-feminine ' exists objectively, how it correlates with the dichotomy ' male-female ', how it correlates with other variables such as age, physical traits, occupations, domestic milieu, sexual adjustment, and so forth. The test used consists of a battery of seven different tests as follows : a quadruple-choice word association test ; an ink-blot association test ; an information test ; a test of emotional and ethnical attitudes ; a test of interests ; a test of opinions ; a test of introvertive response. The scoring is based upon norms evolved from test-results of a large population varying greatly in age, occupation, social status, and scholastic achievement. The reliability of the test as a whole is very high, and there is a high degree of correlation shewn between ' masculinity-femininity ' and ' male-female ', though the degree of correlation varies considerably for the different members of the battery ; so much so that the authors are inclined to regard only two of the seven tests as reliably differentiating. These are the test of emotional and ethical attitudes and the test of interests.

Precisely what it is that is being tested remains somewhat doubtful, as the authors acknowledge : whether it is a psycho-biological complex, based upon constitutional factors different in the two sexes, or whether it is a cultural entity, based upon what Briffault has called ' traditional heredity ' and acquired, more or less imperfectly, from the society environing the individual. However, ' the M.F. [masculinity-femininity] test consistently differentiates the sexes. Any pair of comparable sex groups which if combined form a single homogeneous social unit always yield average scores that are widely divergent for the two sexes. Groups of men test on the average within well-defined limits on the masculine half of the M.F. range and groups of women . . . on the feminine half of the scale '. For those interested in the degree of divergence actually shewn, the following summarizes the statistical findings : ' Mean M.F. scores of the men and women of our adult population differ by about 122 score points, or two and a half times the S.D. [standard deviation] of either distribution ; these distributions overlap to the extent of about 10 per cent. ; something like ten out of a thousand of each sex reach or exceed the mean of the other sex.'

The M.F. scores indicate a number of interesting correlations : (1) In males, ' masculinity ' increases and reaches a peak at the third-year high-school age (16–17) and then shows a steady and marked decrease to the eightieth year ; in females, ' masculinity ', always on a much lower level than in males, increases and reaches a peak at the second-year college age (19–20), thereafter shewing a steady decrease to the eightieth year, though

less marked than in males. Those shewing the greatest ' femininity ' among all age-groups tested are the eighth-grade girls. (2) No conclusive correlation could be discovered between ' masculinity-femininity ' and physical measurements ; though the findings suggest that the shorter the individual and the greater the disproportion of trunk to total height, the more ' feminine ' he is perhaps inclined to be. (3) The earlier the age at which puberty sets in, the more ' masculine ' are males apt to score and the more ' feminine ' females. (4) In females, intelligence seems correlated with greater ' masculinity ', while in males no correlation between these two factors appears. However, high scholarship in males correlates positively with ' femininity '. (5) The scores of athletes are ' masculine ' in both sexes, especially so among females. (6) Men who are unhappily married ' tend to test reliably more masculine than divorced men, and divorced women as a group test definitely more masculine than either happy or unhappy wives '. (7) There are interesting lists of male and female occupations according to the degree of ' masculinity ' shewn by their various representatives in the test-groups. These indicate that for men, engineering and architecture are the most ' masculine ', being a clergyman, an artist, a confectioner or a grocer, the least ' masculine ' ; and that for women teaching (high-school and college) is the most ' masculine ', while domestic service is the most ' feminine ' occupation.

Psycho-analysts will be especially interested in the study of male homosexuality which forms several chapters of the work. The authors acknowledge the assistance of Dr. E. Lowell Kelly in this study. Tests were given to two groups of homosexuals : a group of 77 ' passive ' homosexuals, almost all of whom were prostitutes, and a group of 46 ' active ' homosexuals, all incarcerated in Alcatraz Prison on charges of sodomy. The M.F. scores of the passive or invert group averaged well on the ' feminine ' side, almost as ' feminine ' as high-school girls, while the scores of the active group averaged high on the ' masculine ' side, more ' masculine ' than a group of 42 regular army men of comparable age. Case studies of 18 of the passive group lead the authors to the conclusion that the ' psycho-social formula for developing ' passive homosexuality consists in ' a too demonstrative affection from an excessively emotional mother, . . . ; a father who is unsympathetic, autocratic, brutal, much away from home, or deceased ; treatment of the child as a girl, . . . ; over-emphasis of neatness, niceness, and spirituality ; lack of vigilance against the danger of seduction by older homosexual males '.

There is no tendency on the part of the authors to regard this formula as sure-fire, and they are far from unaware of the tentative nature of their conclusions and of the complexity of the problem. They make a plea for a real study of the problem, such as has not yet been made. ' Homosexuality . . . is at present hardly mentionable ; its victims (if males)

are hounded as criminals, and the problem attracts from scientists but a small fraction of the attention it deserves.' The authors ' are hopeful that the M.F. test will prove a useful tool in this field of investigation '. To the present reviewer it seems that they are justified in so hoping.

But the central problem of this very stimulating work, to which the mind returns again and again in the course of reading it, is, what does the M.F. test test? What is ' masculinity ', what is ' femininity '? The authors have tried to see whether the concepts of ' masculinity ' and ' femininity ' are the same or similar in the minds of 42 academic psychologists, evenly divided as to sex, and how the composite of these 42 sets of concepts agrees with what the M.F. test is testing. The results are discouraging, and the authors are led to conclude that individuals admittedly competent in the field of psychology lack a basis for the observation of the ' behavioral correlates ' of ' masculinity ' and ' femininity '. They ' tend to underestimate the masculinity of men engaged in professional and intellectual pursuits, and to overestimate the masculinity of outdoor or manual workers '. The authors feel that ' masculinity ' (as tested) ' is the aggressive, adventurous, enterprising, outwardly directed disposition; the tendency to pugnacity (in the wider sense) and self-assertiveness; . . . the greater interest in things physical and scientific '. ' Femininity ' (as tested) is ' the actively sympathetic, the inwardly directed disposition; the maternal impulse and the tender feelings; concern with domestic affairs, personal adornment, art, and literature '.

The psycho-analyst would, I think, feel inclined to recognize in this opinion of the authors an excellent description of the tradition of our culture as to masculinity and femininity. Indeed, there is much in the data given which suggests that the quality tested under the title ' masculinity ' is a certain defensiveness lest the individual be thought not to conform with the traditional expectations of his group. In the two tests regarded by the authors as really reliable and distinguishing, that of emotional and ethical attitudes and that of interests, and where the possible responses were confined to the *intensity* of feeling or interest aroused in the subject, it was typical of the ' masculine ' response that it was of low intensity. It should be noted that the tests do not shew how the subject *actually* feels about the situations suggested, but rather what he *says* he feels, and it is clear that the ' masculine ' testing subject *says* he feels rather apathetic about almost everything. This situation is well known to the psycho-analyst as a defensive mechanism and is possibly a defence against being regarded by others or regarding oneself as ' feminine ', which to the male is perhaps equivalent to ' infantile ' or ' weak '.

The honest investigator of this problem is bound, however, to enquire why passive homosexuals are less defensive than most other men and why active homosexuals are more so, as indicated by the M.F. scores. An

answer may be suggested with regard to the passive group, particularly in view of the major occupation (prostitution) of the group teted : whatever-may have been their defensiveness in early life, they are now in a situation where "femininity" is a decided economic asset, though this may well be an effect rather than a cause. For the further elucidation of this aspect of the problem it is clear that an M.F. test must be devised which will be applicable to much younger children than may be tested by the present instrument, and that these tests on younger children would have to be correlated with personality data of the type to be elicited by investigation along psycho-analytic lines, in order to determine the genesis and developmental vicissitudes of the quality of defensiveness. With regard to the active homosexuals an answer may also be suggested. It may be true that these individuals are moved to greater defensiveness than most men by two factors : (1) they are already participating in homosexual situations and might be drawn into passive attitudes, which they ordinarily repress or try to repress, more readily than the true heterosexual ; and (2) the fear of the vagina and of castration which leads them to seek a makeshift for sexual gratification rather than face out and master their fears may seem to them so essentially cowardly as to call for extraordinarily strong defensive measures against such an implied charge of cowardice. Studies of psycho-analytically elicited personality data of such individuals likewise would prove helpful in determining the validity of these hypotheses, but would probably be very difficult to obtain.

The study is dependent throughout upon psycho-analytical formulations which have been for the most part so well digested that the authors appear unaware of their source and make no acknowledgement, either expressed or implied, of their debt to Freud. The only reference to psycho-analysis in the course of this long and very valuable work is a remark to the effect that study of female inverts has been made by ' the psycho-analysts '.

The appendices contain a reproduction in full of the M.F. tests and various interesting tabulations. There is an index.

William V. Silverberg (New York).

Sacrifice to Attis. By William A. Brend. (London, William Heinemann, 1936. Pp. 350. Price 10*s.* 6*d.*)

This is a discursive but extremely interesting book on a variety of topics. There are chapters on the Psychology of St. Paul, Child Welfare in the Old Testament, the Sex Psychology of Women, and a series on the Father—as God, as King, as Judge and as Schoolmaster. The book is lively and well informed and thoroughly repays reading. So far as we can judge, the underlying theme running through it seems to be the harm done

by ' sex repressions ', or more strictly ' thwarting of sexuality ', and the danger this offers to the continuance of civilization. Dr. Brend is perturbed at the political and national consequences of the falling birth rate, which he ascribes in large part to sexual repression.

E. J.

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Naven. By Gregory Bateson, M.A. (Cambridge University Press, 1936. Pp. xvii + 286. Price 18*s.* net.)

This book was written with a double purpose : to record some of Mr. Bateson's field work among the Iatmul of New Guinea ; and to illustrate his method of anthropological analysis.

The curious and interesting *Naven* ceremony, after which the book is named, is performed to celebrate the achievements of an individual. Of these the most important is his first murder. But *naven* may be performed when he kills certain animals, fells certain trees, makes a canoe, fulfils any of the duties he owes to his maternal uncle, or when he changes his social status, i.e. has his ears bored, is initiated, is married, or becomes possessed by a shamanic spirit. On such occasions, the hero's maternal uncles wear women's clothes—the oldest and dirtiest they can find—and rub their buttocks on his shins, while his paternal aunts wear men's clothes—the smartest obtainable—and beat him. Other relations may assist the maternal uncle's wife acting the male rôle in a burlesque intercourse with her husband ; the mother lying down naked with other women while the hero, accompanied by his sister in splendid male attire, steps over her ; and his elder brother's wife, also transvestit, beating her husband's younger brother.

Such, very briefly, is the *naven* ceremony on which Mr. Bateson illustrates his method of anthropological analysis. On the analogy of the three spatial aspects from which an architect describes a building in his plan and elevations, Mr. Bateson selects certain aspects from which a culture can be viewed. He makes, as it were, cross sections in different planes. In this way, he thinks, the classification and comparison of cultures can be greatly simplified. Among the many possible aspects, he chooses five : the eidological (cognitive), ethological (emotional), economic, developmental and sociological. The ' eidos ' of Iatmul culture includes an identification between a man and his sister and her daugher-in-law. Thus in the *naven* a man behaves towards his nephew as if he were this nephew's wife and mother. The ' ethos ' of the men, on the other hand, includes a great contempt for women. Thus the uncle burlesques his female rôle. The sociological significance of the ceremony is that it strengthens the affinal link, the weakest link in the forces that hold the villages together. The developmental section, which, together with the economic, Mr. Bateson has left for others to record, might perhaps have shown the mock

coitus as a repetition of the primal scene (or fantasy), in which, for some reason, the original rôles have been reversed.

Apart from his five planes of reference, Mr. Bateson's chief theoretical novelty is his concept of schismogenesis. This is a useful word to denote the processes—he distinguishes complementary from symmetrical schismogenesis—by which the reactions of individuals, or groups, to each other, brings about their differentiation.

Among the Iatmul, as among other natives, the unconscious seems often nearer the surface than among Europeans. To take one example, the female genital is sometimes called a ' sore ' (p. 65, note)—a clear reference to the common unconscious belief that it results from mutilation.

Mr. Bateson is an original and systematic thinker, and his method may provide anthropology with a useful system of co-ordinates in terms of which any given culture can be unambiguously described.

Roger Money-Kyrle.

*

Psychomental Complex of the Tungus. By S. M. Shirokogoroff. (London, Kegan Paul, 1935. Pp. xvi + 469. Price 50*s*.)

In this huge volume the author gives us really three things: some speculative theories of his own on anthropological theory and field work, an account of the Tungus tribe and, especially, an exceptionally exhaustive and valuable account of Tungus shamanism. Apart from his unfortunate addictedness to the use of the word ' complex ' and his tendency to use a cumbersome pseudo-scientific jargon, the author's remarks on field work are valuable. But the best part of the book is undoubtedly the account of shamanism. ' One of the interesting aspects of the shaman's psychology is the waging of war among shamans.' Not all shamans are supposed to do it, only those who are regarded as ' bad-natured ' persons. Shamans fight each other in their dreams; and the fight is always connected with some kind of metamorphosis, such as fire, cloud, bear and tiger or a ' cart with horses ' (p. 371). I have discussed quite similar concepts in Hungarian folklore (cf. my book on *Magyar Néphit és Népszokások*, 1925) and the fact that the same (far from universal) idea occurs in the Far East and on the Danube plain speaks for the age and unity of Ural-Altaic and Siberian shamanism. The author remarks: ' The above-given description of the wars among the shamans is in reality a description of disturbed psychomental conditions of the shamans. Undoubtedly they suffer from the mania of persecution which may attain very extreme forms with a fatal issue for the shamans, who very often perish, according to the Tungus ' (p. 373). I think the author overestimates the amount of reality in the accounts of his informants, as for instance when he regards shamans with a ' bad heart ' as an actual fact and attributes this condition to some psychosis instead of regarding it as due to projection on the part of the

Tungus (p. 373). A shaman's position depends on the amount of transference he can get, but he also gives material form to the link between himself and his patient as he attaches certain ribbons and brass bells to children whom he has treated and thereby prevents them from seeking assistance from other shamans (p. 377). In many cases the shaman is supposed to take the soul of the child he has treated—that is, one of the three souls which every human being has—and to keep it for some years. At the same time he leaves one of his guardian spirits as protector with the child. ' When the shaman collects the souls of children he makes them greatly dependent upon himself, and thus a very strong connection between the shaman and his clients is formed. All of them want to preserve the shaman and to be on good terms with him ' (p. 378). In connection with ' olonism ' or ' imitative mania ' the author describes cases of exhibitionism and a custom of the Khingan group. Children, especially girls at the age of ten or twelve, are requested to shew their genitalia in public. They are quite willing to do this, since it is approved of by the adults (p. 249). The Tungus shaman cures by introjection and combines this technique in a peculiar way with the scapegoat idea which usually occurs as a form of projection. ' A quite distinct character of the shamans is that they " master " the spirits, they introduce them into themselves, by which operation they liberate the clansmen . . . from the influence of spirits. The shamans perform the whole operation of the introduction of harmful spirits without being possessed by them ' (p. 267). This is equivalent to the statement that the activity of the shaman is a ' sublimated ' psychosis, for when spirits enter people who cannot ' master ' them the people affected ' lose their minds ' (p. 161).

The book is certainly one of the most important publications on the subject of shamanism.

Gézâ Róheim.

*

Psychology and Religion. By David Forsyth. (London, Watts & Co., 1935. Pp. 221. Price 7*s.* 6*d.*)

There is a great need for a book dealing fully with the bearing of psycho-analysis on religion, but no one could maintain that the volume here reviewed in any way meets this need. There are several reasons for this.

In the first place, the days are long past when one could think it possible to make a psychological study of any obscure group of mental processes by supposedly intellectual approach. Without empathy and sympathy one will not go far in understanding. Still less hope is there if the intellectual approach is, as here, accompanied by the most visible signs of antagonism. It is easy to surmise how far anyone would get in the unravelling of such subtle motivations as lead to—let us say—necrophilia,

if one's affective approach were purely one of revolt and disgust. The title, to begin with, of the present book is misleading inasmuch as only two of the nine chapters actually deal with ' Psychology and Religion '. The rest is a long hostile polemic against the wickedness and stupidity of religion in general and Christianity in particular, of a kind one would expect in the writings of a Secularist Society—which of course have their own proper place—rather than in those of a medical psychologist. This is written in such a dogmatic and assertive tone that one was not surprised to find it evoking an equally sharp and equally dogmatic reply from Mr. Alfred Noyes: ' Our European culture ', said Mr. Noyes, ' might be disintegrating ; but we had not yet reached the point when psycho-analysis, the most unreliable, the most inexact, the most empirical and least scientific of all the sciences or pseudo-sciences that had ever usurped the august ægis of natural philosophy, might contemptuously dismiss the majestic philosophical structure of the Christian religion, and its exponents in the poetry of the spirit from Dante to Milton, as examples of infantile thought, arrested development, or perverted and depraved sexual instincts'.

Dr. Forsyth's method of trying to elucidate the meaning of religious attitudes is to argue with them and to assert in an *ex cathedra* spirit that they represent ' only ' psychic truth. When a layman says that various beliefs are ' only due to the imagination ' he usually means that (1) they are untrue, and (2) they are meaningless. Now religious beliefs may or may not be ' untrue ', but they are assuredly not to be dismissed as being meaningless. Nor is their meaning revealed by simply attributing them to ' pleasure thinking '—in itself a very doubtful proposition.

In the very abbreviated sketch Dr. Forsyth gives of psycho-analytical theory there are many passages which most analysts would consider to be imperfect or even incorrect presentations. It is, for instance, astonishing to read that ' psycho-analysis has found that most children shew no sense of guilt for several years after birth, a period when they are light-hearted and care-free, and able to enjoy the pleasure that each hour brings. At about seven years it is first experienced : and with it come the earliest feelings of shame '.

The book is written in a very vigorous and lively fashion, and it displays extensive knowledge of the history of Christianity. It will give pleasure to those who indulge in emotional bias against religion, and it will re-assure those who have, as Dr. Forsyth recommends, ' substituted ' science for religion. They can infer from his argument that if people become scientifically-minded, then infantile emotional attitudes will disappear. Neurosis will be shed along with religion and a scientific age will produce mentally sound men and women. So the myth re-emerges !

Personally, if the human race survives this ' great change that comes with the substitution of science for religion ', I should welcome a further

chapter to this book. If all the energy once ' wasted ' in religion eventually reveals through scientific research all the facts of the material universe, what substitution lies ' Beyond Science ' ?

Ella Sharpe.

*

The Origins of Religion. By Rafael Karsten. (London, Kegan Paul, 1935. Pp. 328. Price 12*s.* 6*d.*)

I do not know of a better book than this as a presentation of the furthest point anthropologists have yet reached in the study of primitive religion. It gives a background of ethnological knowledge on the subject of religion such as no psycho-analyst should be without, and we would warmly recommend it to every analyst's library.

The author has a critical spirit with a remarkably sane and balanced judgement. He displays no prejudices whatever and is able to examine very objectively the numerous theories on religion which—often for personal reasons—have obtained a temporary vogue. He is not at all carried away by the excessive claims of the Rivers' school of culture, diffusion, and points out the anti-psychological bias behind it, as also the theological bias behind the allied ' primary monstheism ' view of Schmidt. He is entirely critical of Marett's animatism or of any pre-animistic theories.

The strength of the book lies in the author's critical powers together with his wide knowledge of the literature and first-hand experience in ethnological field work. The constructive side is less original and rather indeterminate. The author holds that the idea of the soul is derived mainly from the savage's bewilderment at the phenomenon of death, aided by his observations of dream life. The essence of religion he would appear to see in primitive man's awe at the mysterious, i.e. the not understood.

The author is fatally handicapped by apparently total ignorance of the unconscious mind with its symbolism and peculiar dynamics, a knowledge of which would instantly unlock the numerous problems, e.g. animal worship, ancestor worship, etc., before which he stands helpless. In the bibliography of some 300 names no mention occurs of the works of Freud, Róheim or the present reviewer.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

I

CONCLUSION OF REPORT OF THE FOURTEENTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

General Meeting of the International Training Commission

Marienbad, August 2, 1936

Chairman : Dr. Max Eitingon

(1) Dr. Eitingon opened the meeting with an address, which is reproduced in full at the end of this Report. After a short historical survey of the development of the I.T.C., he spoke of its present problems and the tasks which lie before it in the immediate future. He then explained in detail the proposals for the reform of the I.T.C. which had already been submitted to members in the Circular Letters.

(2) In view of the urgency of these reforms and the necessity for full discussion of them, the Chairman proposed to depart from the customary order of procedure and to deal with the new proposals at once, deferring for the moment the reports on the work of the different training institutions.

(3) This proposal having been carried, Dr. Eitingon read the revised Articles in the Statutes, which deal with the organization of the I.T.C. (These Articles were printed in the report of the Business Meeting, in the previous number of this Journal, p. 104.) He then read a motion, drawn up by Dr. Sandor Radó, of New York, also relating to the future constitution of the I.T.C. ; this motion, according to a covering letter, was sponsored by the Training Institute of the New York Society. The proposals were read both in English and German, and were as follows :

We are opposed to an I.T.C. in its present form, as well as to any reorganization which would retain it as a legislative or administrative body. We suggest that the I.T.C. should be replaced by an *entirely informal* International Training Conference, to be open for instructors and various officers and committee members of our Institutes and Societies, convening at the occasion of Congresses under the Chairmanship and Secretaryship of the President and General Secretary of the International Psycho-Analytic Association ; that is, without having special officers of its own. There should be no voting, no representation, nothing of that kind.

(4) Since Radó's resolution aimed at a fundamental change in the

constitution of the I.T.C., whereas the Council's proposal merely envisaged certain reforms, the Chairman suggested that the meeting should discuss Radó's motion first. This suggestion was unanimously adopted.

A lively discussion ensued, in which the following took part in the order given, several of them speaking more than once: Jones, Hanns Sachs, Helene Deutsch, Eitingon, French, Anna Freud, Brill, Federn, Jekels.

In reply to a question put by Jones, it transpired that, with the exception of the New York representatives, the delegates from the American Training Institutes had heard nothing of this resolution. All the delegates stated expressly that they were now hearing it for the first time. Accordingly the second part of the discussion concerned the question whether the proposal were to be regarded as an official resolution submitted by the Training Institute of the New York Society, or whether it were an expression of Radó's personal views. The delegates from the New York Institute made it clear that it could only be either Radó's private expression of opinion or else a resolution submitted by himself alone, since any official proposal made by the New York Institute would have been submitted through the President of the Training Committee and not through the Director of the Institute. The delegates of the New York Society stated further that the proposals in question did not represent the views of the New York Society.

In the course of the discussion several speakers expressed their surprise that these proposals, the aim of which was practically to abolish the I.T.C., should emanate from precisely that quarter in which, as recently as two years ago, at the Lucerne Congress, there was such a strong insistence on a rigid central organization and authority in the I.T.C. that the Council raised objections. Finally it was moved that the matter should be referred to the I.P.A. The Chairman stated, however, that the decision was within the competence of the General Meeting of the I.T.C. and must be taken there. Radó's resolution was put to the vote and unanimously rejected.

(5) Dr. Eitingon opened the discussion on the I.T.C. Council's proposal, contained in the Circular Letter, for the alteration of those Articles in the Statutes which deal with work of training: namely, Articles § 8 and § 10.

E. Bibring, introducing the proposals, pointed out that their object was not to impose any strict regulations but to avoid the unfortunate experiences of the Lucerne Congress. What the Council desired was to provide a common framework within which all the training bodies could work. The danger of the present situation was that the Institutes might lose contact with one another and possibly develop in divergent and one-sided directions. Everybody would deplore any such isolation, and the natural way to prevent it was to establish and maintain contact as the work of training developed. This was the task which the I.T.C. had to attend to. What was aimed at above all was to put an end to ignorance

of one another's work—an ignorance the effect of which was bound to be deleterious—further, to avert repetition of experiments which had already proved useless, and to ensure that the experience acquired at each individual training institution should not remain unacknowledged and so inaccessible to others. If the Institutes pooled all their experience and discussed their problems together, one-sided development would be avoided and some degree of uniformity of opinion could be arrived at. It was true that this depended on one condition : they must all cherish the conviction that objective truth must prevail. This was only possible if the autonomous sphere of science were kept free from all heteronomous influences.

A discussion ensued in which the following took part : Princess Marie Bonaparte, Eitingon, E. Bibring, Federn, Anna Freud, French, Glover, Oberndorf, Jones, Löwenstein, R. Walder, Raknes. The separate sections of the Articles which it was proposed to alter were read in German and English and then discussed, E. Bibring pointing out and commenting upon each of the alterations and additions suggested.

The only section over which a difference of opinion arose was that relating to the new method of taking the vote. Hitherto the votes recorded depended upon the accidental composition of the General Meeting on that particular occasion and so tended not really to represent the views of a majority. At van Ophuijsen's instigation the Council had drawn up a proposal according to which each Training Committee would receive a definite number of votes, irrespective of the number of members present at the meeting. After Jones, French, Oberndorf and Löwenstein had voiced certain objections, an amendment proposed by French was adopted. By this the method of decision by allocating a number of votes was approved in principle, but it was laid down that the representatives of an Institute or Training Centre, if they differed on any particular point from the decision arrived at by the ballot, should have the right, with the Council's approval, to refer the matter to their Training Committee. In such a case, however, the Training Committee in question must communicate its opinion to the Council of the I.T.C. within twelve weeks (reckoning from the date of the General Meeting). With this amendment the section in question, together with all the other sections of Articles 8 and 10, was unanimously approved.

(6) The Chairman reported that he had received the following notices of new appointments and applications for registration. The following training-analysts have been appointed to the different Institutes (some of them in consequence of their change of residence) :

Boston : Dr. Helene Deutsch, Erik Homburger.

Budapest : Dr. Fanni Hann-Kende.

Chicago : Dr. Therese Benedek, Dr. Karl A. Menninger.

London : Dr. Susan Isaacs, Dr. Melitta Schmideberg, Miss Sheehan-Dare.

Oslo : Dr. Lotte Liebeck-Kirschner.

Palestine : Dr. Max Eitingon, Dr. M. Wulff.

Sendai : Dr. Choichiro Hayasaka, Dr. Heisaku Kosawa.

Vienna : Berta Bornstein, Steff Bornstein, Dr. Otto Fenichel, Dr. Anny Reich, Dr. Jenny Wälder.

The following members were authorized personally to train candidates :

Georg Gerö, Copenhagen.

Salomea Kempner, Berlin.

Yrjö Kulovesi, Tampere, Finland.

Ola Raknes, Oslo.

Harald Schjelderup, Oslo.

Nikolaus Sugar, Subotica.

Alfhild Tamm, Stockholm.

Finally it was decided to authorize each of the following members to found a Training Centre :

Otto Fenichel, Prague.

Ludwig Jekels, Stockholm.

Edoardo Weiss, Rome.

At Oberndorf's suggestion the proposals that Frau Dr. Happel (Detroit) should be licensed to train candidates and that Dr. E. Simmel should be authorized to found a Training Centre at Los Angeles were referred to the American Association for decision.

(7) The Reports of the Institutes were then read by the following members :

Boston : Helene Deutsch and Hanns Sachs.

Budapest : I. Hermann.

Chicago : Th. French.

Holland : M. Katan.

London : E. Glover.

New York : C. P. Oberndorf.

Oslo : O. Raknes.

Palestine : M. Eitingon.

Paris : Marie Bonaparte.

Prague : O. Fenichel.

Switzerland : Ph. Sarasin.

Stockholm : L. Jekels.

Vienna : Anna Freud.

A detailed report was received in writing from the Training Institute of the German Psycho-Analytical Society.

(8) The Chairman reminded members of the necessity of nominating officers in preparation for the General Meeting. Federn proposed that

the following be elected: Eitingon, *President;* Anna Freud, *Vice-President;* E. Bibring, *Secretary.* It was further proposed that the following be elected members *ex officio* of the Council of the I.T.C.: the President of the I.P.A. and the official representative of the American Association. This proposal having been carried unanimously, Federn suggested that a vote of confidence in the retiring Council should be passed. The proposal was carried by acclamation.

Opening Address by the Chairman, Dr. Eitingon

In reporting on the present situation of our training institutions to an audience with so wide an experience of the training of candidates, and at a time when we have, as we hope, settled the most obvious problems of organization, it is, I think, advisable to make an historical survey.

Psycho-Analysis is now close on fifty years old, if we reckon that it first saw the light when Sigmund Freud and Joseph Breuer first collaborated in research. But since when has psycho-analysis been taught? Freud himself gives us a precise answer to this question in *The History of the Psycho-Analytical Movement.* He says (in a passage with which you are all familiar): 'From the year 1902 onwards, a number of young medical men gathered round me with the express intention of learning, practising and spreading knowledge of psycho-analysis. The stimulus came from a colleague who had himself experienced the beneficial effect of analytic therapy. Regular meetings were held at my house; the guests endeavoured to orient themselves in this new and strange field of research and to interest others in it.' You see that psycho-analysis was thirteen or fifteen years old when Freud first began to teach it. Till then he had worked alone and with incredible energy, laying down the principles which he was now ready to hand on to others. The passage I have quoted gives you some idea of how analysis was taught and learnt in those days. I do not know whether anyone in my audience belonged to that early group in Vienna. I am almost the last eye-witness (amongst ourselves) of what took place in the Zürich crisis two or three years later, and I can tell you how we went to work. I can best describe it by adapting some words of Friedrich Seume: 'What we did not dig out of books we hammered out in discussion'. We devoted intensive study to the psycho-analytical writings then available and we discussed enthusiastically with one another what we had read. We interpreted one another's dreams, sometimes two of us at a time and sometimes more. Highly animated and exceedingly fruitful discussions they were. They were the germs from which our present Seminars have developed.

It never occurred to any of us then that this method of learning and teaching lacked two practical and incomparably valuable elements, which

we have now long regarded as indispensable in analytical training. And so it happened that the next year, in January, 1907, a physician, who was then a young man, came to Freud and asked him whether he could regard himself as qualified to analyse patients, seeing that he had read everything that Freud had written and the few works by his followers which then existed. It is true that quite early we had also begun to practise analysis, but, it must now be confessed, we had not learnt properly how to do it. And so it went on, even after the first Congress had been held at Salzburg in 1908, the various Branch Societies had been founded, the International Psycho-Analytical Association had been formed, and we already had our journals, and the two great splits in the movement had taken place. Certain of our later members, it is true, like the Viennese colleague of whom Freud speaks, had ' themselves experienced the beneficial results of analytic therapy ' and had thus been led to practise analysis ; but that one should be analysed for the purpose of learning the method had occurred to none of us with the exception of a very few persons whom it would now be difficult to name. So it went on up to the time of the war and even after it. You will have heard that during an informal discussion at the Psycho-Analytical Congress in Budapest in 1918, inspired by a paper of Freud's, ' Turnings in the Ways of Psycho-analytical Therapy ', it was Nunberg who declared that no one could any longer learn to practise psycho-analysis without having been analysed himself. As the words left his lips, we realized their momentous character and that what Nunberg desiderated would immediately become a universal ideal and very soon a reality.

As yet, however, we had no means of achieving it, but we acquired them when our Institutes in Berlin and Vienna were founded. The *training-analysis* was already a matter of course and very soon we in Berlin (I myself with the assistance of Dr. Ernst Simmel) inaugurated what we called an ' introduction to psycho-analytic therapy '. By this we meant a course of practical training, not limited to any definite period, for those who had completed their training-analysis and were beginning to practise analysis themselves. In other words we inaugurated *control-analysis*. Most of you will remember that, at the Homburg Congress in 1925, I, representing the Central Executive, invited all members of the Branch Societies who were specially interested in training to attend a conference. If I remember rightly, there were about forty present at the conference. We discussed the whole curriculum of training, dwelling specially on the question of control-analysis, the importance of which we emphasized, with the result that it was immediately adopted as an integral part of training. The whole development of psycho-analytical training has been of so organic a nature that each new step presented itself like Columbus' egg and at once became a reality. At the Homburg Conference

we proposed four theses which were accepted in their entirety and with applause :

' (1) Training in psycho-analysis should no longer be left to the private initiative of individuals.

' (2) The training of a candidate should be carried out by the collective efforts and on the collective responsibility of the Psycho-Analytical Society of the country in which he lives. For this purpose training institutions should be founded in the different countries ; the methods of these institutions and as far as possible their organization should, *mutatis mutandis*, be the same. We are of opinion that the best way of ensuring this is for the International Psycho-Analytical Association to lay down regulations for training which should carry the full weight of its authority.

' (3) The training-analysis is the most important part of the whole training, but it cannot be regarded as covering the whole ground. Candidates must be enabled to fulfil certain other indispensable requirements ; above all they must have carried out control-analyses.

' (4) In accordance with these three theses it is hoped that in future the principle will be laid down that, as a rule, of those candidates wishing to practise psycho-analytic therapy, only those who have completed the full course of training will be admitted to become members of the I.P.A.'

This was in Homburg in 1925, and it was then that the International Training Commission was created and charged with the formation of Training Committees, to be set up before the next Congress, held at Innsbruck. Training was now centralized in the hands of the Executive, and again it was hardly possible to imagine how it could ever have been left to the initiative of individuals. At the next Congresses we had to draw up general regulations for the International Psycho-Analytical Association from the regulations of the principal Societies ; and here we encountered a great difficulty which was not really connected with the creation of a common high standard of training, which implied a high standard in the Societies, but was a vital question in the politics of our movement as a whole. I refer to what is known as lay analysis. It is remarkable how quickly we surmounted even such difficult questions as seemed likely to wreck any great movement.

So much for the principal stages of our development.

On May 5 last, in Vienna, Jones, after expressing much sympathy with the efforts of the I.T.C. and in particular with its President, said that he profoundly deplored the fact that it was necessary for the I.T.C. to expend so much energy on difficult problems of organization that it had but little opportunity to carry out its real work. We ourselves do indeed feel it most regrettable that our efforts to arrive at a common standard in the different countries in which psycho-analysis is taught have encountered

such difficulties. But perhaps we have failed to realize how great a measure of success we have actually had. The Council of the I.T.C. is acutely conscious of what its real work should be, namely, the fullest and most detailed discussion of the technique of training. We see no reason to doubt that the I.T.C. has justified itself or to imagine that it has outlived its usefulness. I am reminded of a passage in a recent book by Graf Hermann Keyserling, in which he discusses psycho-analysis. He says, ' It is ridiculous to say that psycho-analysis is " finished ", simply because all the theories of its pioneers are not tenable ; it is only " finished " in the sense that its fundamental discoveries have become so axiomatic to all historically-minded people that no serious thinker can imagine his plight without them '.

But there is still much for the Training Committee to do.

The prestige of the I.P.A. is obviously bound up with the standard to which its members attain and this very largely depends on the nature of our training institutions and the lines upon which they develop in the future. I have no doubt that this is the view of Reik, whose ingenious work, *Der überraschte Psychologe,* has recently struck a very important note in our work of training.

It is really astonishing that we of the Council of the I.T.C., which is after all only the seismograph of psycho-analytical development and the organization which systematically keeps it in the minds of those analysts responsible for the training of candidates, should have incurred the suspicion of merely wanting to lay down rigid rules and to lord it over the world of analysis. No, that has most certainly not been our intention : we have not even thought of laying down the law from Mount Sinai, to which I once more find myself in such close proximity ! But we do not think that it could possibly be a good thing for the movement to develop independently in the various countries or for there to be no mutual contact or consideration, or for it to be allowed to follow widely divergent lines in different places. The I.T.C. is intended to be a framework within which development can take place. It was founded for that purpose and in the hope that our Institutes should have the fullest possible contacts and that there should be a more general agreement as to training and a pooling of experience. And, if the I.T.C. functions adequately, it will possess the necessary internal authority, because then the Branch Societies will feel that it is important to agree with it and to follow its lead.

To fulfil its purpose the I.T.C. needs extensive reorganization, and we propose presently to submit to you the plan which we have drawn up.

First, however, I want to lay before you certain suggestions which have been made to us, one of which is, I think, no less well timed, having regard to the stage we have now reached in the development of psycho-

analysis and psycho-analytical training, than the proposals for training- and control-analysis were in their day.

We have received a large number of suggestions and you will have read them in the fourth Circular Letter.

(1) Ernest Jones has proposed that training-analysts should hold small private meetings for the comparison of their experiences, such meetings to be held with the approval of and in contact with the I.T.C. The subjects of discussion, the various points raised and any conclusions which might be arrived at should be communicated to the I.T.C.

The purpose of these committees would be to exchange views on the work of training and so to throw light on the problems which arise and to pass on suggestions to the I.T.C. and through the I.T.C. to the different Institutes.

For the purpose of these small meetings informal committees might be appointed, possibly including members from adjacent countries. The committees would meet when and where they pleased and decide for themselves how often such meetings should be held.

Further, these committees should determine their own composition. They should not be confined to the officers of the Training Committees or Institutes. These officers might form a nucleus and possibly have the right to invite or to co-opt other members, of no matter which Branch Society, who were specially interested in training.

The function of these committees would be in the first place to discuss thoroughly and in detail technical problems of training, for instance, the technique of control-analysis, the possibilities which it offers and its limitations. Or, the technique of conducting seminars—what should be the aims of a seminar, on what lines it should be conducted, whether all the candidates should be invited to join in the discussion or whether it should be limited to questions to be answered by the analyst in charge, etc., etc.

(2) In order to assist the work of the committees as envisaged by Jones, it would perhaps be advisable for the technical problems of training to be first discussed in the different Institutes. We would suggest that during the coming year the technique of control-analysis, the method of conducting seminars and the best way of ensuring the co-operation of all the candidates should be discussed. It has also been proposed that we should consider in common how best to get rid of the disturbing element of personal ambition in reference to the work and the discussions in which candidates take part. For my part I think that this last matter belongs rather to the province of individual analysis.

(3) The so-called ' conversations ' introduced by Anna Freud in the Vienna Institute have proved most successful as a means of inducing the candidates to join freely in the discussions, and have also been valuable to

the training-analysts as an indication of the state of the students' knowledge. These conversations take the form of regular weekly meetings, of not more than an hour in length and attended at most by five or six candidates, under the direction of a training-analyst appointed for the purpose. These meetings are similar to the ' control '-coachings at the analyst's house. No subject is chosen in advance, and it is not decided beforehand who is to speak. A general topic only is laid down for problems to be discussed, e.g. that of transference, the interpretation of dreams, etc. The candidates ask questions which are freely discussed with the help of the leader. Sometimes the discussions are based on analytical writings, selected by the candidates themselves as having a bearing on the problems in question. So far it has been found that the candidates have exchanged ideas with one another and with the leader without constraint or reserve, and all who have taken part have found these conversations very helpful.

In passing on the suggestion to you I should like to point out the great importance of selecting suitable leaders for these intimate discussions.

Now I come to the very important proposal to which I have alluded, one which merits our most earnest attention.

The point in question was very seriously and enthusiastically discussed at Oxford in 1929, after an address by Ferenczi on ' The end of analysis '. The present proposal, once more emanating from Jones, is that we should seriously consider the possibility of including in our system of training those supplementary analyses (Nachanalysen) to which an increasing number of practising analysts are voluntarily submitting themselves.

It is possible—but it by no means necessarily follows—that the organization of supplementary analyses might lead to a different view of the original training-analysis. As you know, there are Training Institutes which require a long and very thorough training-analysis, and in our opinion, in view of the failures of our early days when such analyses were too short, this requirement can hardly be too stringent. The question is whether, if we included supplementary analysis in our regular system of training, the result would inevitably be that the training-analysis itself would be shortened.

The danger which this plan might entail is that the original training-analysis might not be taken seriously enough, for there might be a temptation to lay too much stress on the supplementary analysis and to regard it as the analysis proper and the training-analysis as a kind of preliminary.

Our own view is that there is no reason why all these dangers should be realized ; psycho-analytical training should surely not suffer from the desire for and provision of opportunities to extend it further. The more thorough and satisfactory the training, the better use will analysts be able to make of its extension.

Obviously supplementary analyses are very much more difficult to

incorporate in our system of training than the two other practical methods of training- and control-analysis. All manner of points must be taken into consideration. We beg you to devote your attention to this problem, which is gradually becoming more and more pressing.

There is amongst us a strong tendency to put too rigid an interpretation upon what is meant by ' having been analysed ', a notion to which some of us adhere with great narcissistic tenacity. It is very desirable that there should be a less hard and fast attitude in this matter. The fact that a candidate has completed his training-analysis should not be taken to imply that he has finished with his own analysis for good and all : at most it means that he is now qualified to begin to practise. If, on the completion of the training-analysis, we certified that ' the candidate is now qualified to follow the profession of a psycho-analyst ', we should be running counter to our regular training system by assuming that the training-analysis was the only qualification for therapeutic work. Actually, all that the candidate has acquired through his training-analysis, in the best of cases, is the ability to approach his own unconscious and that of another person, with an open mind. He has, so to speak, learnt to walk. He still has to learn how to find his way with certainty in the territory of another mind, that of his patient. Thus at the end of the training-analysis he is qualified to begin analytic practice, but not alone—he works under control.

We must be at constant pains to make it clear that the training-analysis is only the beginning of a process of psychic development which is perhaps an interminable one and which can and must be assisted by further analysis from time to time. If this is realized, it will certainly help to combat the idea that there is something rather ominous about a supplementary analysis, even in the case of analysts. There is surely nothing disgraceful in the desire and need for further training, and in analysis, of all sciences, those who are reckoned amongst its professors should feel free not only to train others but to extend their own training.

Jones stated further that it is the view of our English colleagues that too many lecture courses are given and attended at our larger Continental Institutes. From my own experience in Berlin and from my observation of the Vienna Institute I can assert that our method has abundantly justified itself. I will now pass on to our proposals for the reorganization of the I.T.C.

The breakdown of the plan for a meeting of the I.T.C. last summer shewed that there is some defect in the organization of the I.T.C. There seemed to be a strong general feeling of dissatisfaction. In order to dispel this, Anna Freud and I have drawn up a scheme for reorganization, which we submitted to you in the second Circular Letter. Let me repeat it :

(1) In addition to the President, the Vice-President and the Secretary, the Council of the I.T.C. shall include the President of the I.P.A., appointed

ex officio. This will ensure harmonious co-operation with the I.P.A., whenever decisions have to be taken.

(2) We recommend that the place of residence of the Secretary should be the same as that of either the President or Vice-President, in order to ensure the satisfactory functioning of the Council. (At the present time the second of these conditions is fulfilled, since Dr. E. Bibring, of Vienna, is acting as Secretary. For various reasons it was not possible at present to appoint a Secretary living in the same place as the President of the I.T.C.)

(3) In order to make the contact between the Council and the General Meeting more effective, we suggest that an intermediate body be appointed consisting of those most closely concerned in the work of training, i.e. all the Directors of the officially recognized Training Institutes and Heads of Training Centres. America should be represented by the three Directors of its three large Institutes, and Berlin, Budapest, Jerusalem, London, Paris, Vienna, Switzerland, India and Japan each by one Director.

With this group of twelve persons a more direct exchange of ideas on problems of training should be possible. We suggest that the Council should send to the Councils of the Institutes communications or proposals of its own relating to these problems and that these proposals should be embodied in Circular Letters. On the other hand the Council will receive from the Council of each Institute reports and expressions of opinion on various points and transmit them to all the Institutes. It would be the duty of Directors of Institutes to place these communications before their Committees and ascertain their views. In this way some preparation would be made for the discussions at the General Meetings.

By means of this intermediate body the machinery of the I.T.C. would be made less cumbersome and its various functions would be more clearly allocated. This should go a long way to ensure the satisfactory working of the I.T.C.

(4) The General Meeting remains unchanged in its structure and function. It will be composed as hitherto of all the members of each Training Committee, will meet at every Congress and will still be the only body competent to make decisions.

(5) It is desirable that the decisions of the I.T.C. should be made with the approval of the I.P.A. The I.P.A. is the final and supreme authority of our whole organization, and is therefore the final executive body.

Matters with which the I.T.C. is concerned, especially where statutory regulations are in question, are in fact equally the concern of the I.P.A. Every serious decision of the I.T.C., e.g. as to whether a Society shall be authorized to found a Training Institute, or whether a licence to train students is to be withdrawn or not, automatically becomes a question for the I.P.A. because of the consequences which such a decision entails.

(6) With this change in the function of the I.T.C. we suggest that a corresponding change should be made in the reports of the I.T.C. published in the Bulletin. The customary reports on lecture-courses, public lectures, etc., might be published only once a year so that more space could be devoted to the results of the discussions contained in the Circular Letters or to any current problems. The Bulletin would contain a section headed *Psycho-Analytical Training*, similar to the section of the Psycho-Analytical Movement.

The advantages of an organization on these lines are obvious and need not be enlarged on. They are based on the interest and sense of responsibility of the Training Committees and Directors of Training Institutes. We feel sure that they have our common cause sufficiently at heart to ensure the rapid, sure and harmonious functioning of an I.T.C. thus reconstituted.

The essential feature of this scheme is the creation of an intermediate body between the Council and the General Meeting, just large enough to extend the work in various directions without impeding it. The third and fourth Circular Letters contain a summary of objections and amendments to the scheme. Van Ophuijsen's proposal that the different Training Committees or Training Centres should have a definite number of votes, irrespective of the number of members present at the General Meeting, has been given concrete form in the Council's suggestion that each Training Committee should have two or three votes and each Training Centre one vote.

Alexander proposed that, in view of the analytical situation in America (where it is the policy of the movement that the Directors of Institutes and the Presidents of the Training Committees should be distinct from one another), not only the Directors of the large American Institutes but also the Presidents of the Training Committees should belong to the new intermediate body. In our view the addition of three or four people to that body is not really a matter of fundamental importance.

(Eitingon then read Articles 8 and 10 in their original form and compared them with those as formulated in the new scheme.)

After discussing the Council's proposals in respect of Articles 8 and 10 we shall have to vote on the fourth item in the Agenda, and I have great hopes that it will prove that we have devised a more satisfactory instrument for carrying out the great tasks which lie before us.

II

REPORT ON THE ACTIVITIES OF PSYCHO-ANALYTICAL CLINICS

1936

As will be seen from the accompanying reports, the established Clinical Centres are working to capacity along their usual lines. The most interest-

ing news this year comes from France. After a good deal of laborious preparation a Clinic has been founded in Paris, and is now in active operation. In Berlin the Psycho-Analytical Institute became merged in the 'German Institute for Psychological Research and Psychotherapy'. In order not to burden the new Institute too much, the former waiting-list of the Psycho-Analytical Polyclinic was cut down to the smallest dimensions. Dr. Boehm was assisted in the work of consultation by Dr. Grotjahn, who also holds a position in the Child Department of the Charité Hospital. It is the considered opinion of our Berlin colleagues that the psycho-analytic section will prove to be the essential nucleus of the new organization. The year 1936 marked the completion of a ten years' period of work in the London Clinic of Psycho-analysis. Having organized and directed the Clinic throughout this period, Dr. Ernest Jones took this opportunity of resigning his post as Director. A resolution of thanks was unanimously passed by the Executive Board of the Institute and Dr. Jones was appointed as the first Honorary Physician to the Clinic. His last duty as Director consisted in preparing a Ten Year Report of the activities of the Clinic. This will be published shortly. Dr. Edward Glover, formerly Assistant Director, was appointed Director, and Dr. Stoddart was appointed Assistant Director in Dr. Glover's place.

As the number of Clinical Centres multiplies there is an increasing desire on the part of the various Directors to establish some common contact. It is felt that opportunities should exist for discussing points of organization, selection of cases, statistical methods, standards of cure, research methods, etc. The next Congress will no doubt afford opportunities for comparing notes along these lines.

BERLIN

The following is part of a report given by Dr. Boehm, Director of the Clinic, at the General Meeting of the German Psycho-Analytical Society, February 27, 1937:

'Training candidates are asked to draw up detailed case-histories, with the result that we now have some valuable case-material.

'In a number of cases I have recorded "marked improvement" where some psycho-therapists would have felt justified in recording a cure, although perhaps not a complete cure. A point which will strike you in the statistics is the large number of cases in which analysis was discontinued. The explanation is that, in the period under review (October 19, 1935—October 10, 1936), many of our members resigned from the Society and consequently the analyses they were conducting had to be broken off. In the case of some of these patients we were unable to obtain any final reports and so we are not in a position to say whether, or to what extent, improvement or cure took place.

' In my last Annual Report, I made certain criticisms of the system of advisory consultation which we were adopting in some cases. To-day I wish to state that the method has completely justified itself, and I now regard it as an indispensable procedure in every case in which there is no prospect of giving the patient full psycho-therapeutic treatment within a reasonable period. It has always been our practice at the Institute, when patients come for consultation, to advise them on their psychical difficulties, and generally it is not a matter of a single consultation: we see them and listen to them two or three times and naturally they learn something of their psychic state. And, further, in many cases we begin with psychic guidance and the treatment gradually transforms itself into a full analysis. The method of psychic guidance has proved particularly valuable in the treatment of children. Our experience is that, when parents bring their children for treatment, it is almost essential to see the parents themselves more than once and to explain where they have made mistakes in the bringing-up of the children. It often turns out that either the father or the mother, or possibly both, must be treated psycho-analytically if the child is really to get well.

' The number of " consultations concluded " is relatively very high. The reason is that when the " Psycho-Analytical Institute " became merged in the " German Institute for Psychological Research and Psychotherapy ", we thought it inadvisable to burden the new Institute with too long a waiting-list from the old. The list was accordingly greatly reduced.

Statistics, October 1, 1935—*October* 15, 1936

Consultations			172
Patients under analysis:			
Males			22
Females			20
Patients attending for advice:			
Males			3
Females			4
Analyses discontinued:			
Males			18
Females			13
Analyses completed:			
Males	4	marked improvement	4
		cure	1
Females	6	marked improvement	3
		cure	2
			10
Consultations concluded:			
Males			45
Females			39

Waiting-list:

Males	5
Females	1

'The number of consultations has risen from 120 in 1934–35 to 172. With regard to the number of current analyses (22 males and 20 females) I should like to say, that, considering that we have at the moment only 17 members residing in Berlin, I think it is relatively a high one. You will notice that few completed analyses are recorded—only 10—but this is accounted for first, as I have already said, by the resignation of many of our members, and, secondly, by the very high standard which we have always had of a "completed" analysis.'

Dr. C. Muller-Braunschweig.

BUDAPEST

The Medical Staff of the Clinic remained unchanged. Fees were received for 7 patients: i.e. 29 sessions weekly. The remaining means were received partly from the Countess H. Sigray, partly from the members' contributions.

New Applications

Adults, male	39
,, female	51
Children, male	11
,, female	14
	115

Cases under Treatment on November 11, 1936

Adults, male	23
,, female	36
	59 (213 sessions weekly).

On the Waiting-list on December 31, 1936

Adults, male	49
,, female	35
	84

Analyses Terminated in 1936

Cured	Adults, male	3	female	2
Improved	,, ,,	—	,,	1
On probation	,, ,,	—	,,	2
Taken into private treatment	,, ,,	1	,,	1
Unimproved	,, ,,	2	,,	7
		6		13: Total 19.

Diagnosis of Cases treated in 1936

Disturbances of potency	male	7		female	—
Frigidity	,,	—		,,	1
Homosexual	,,	2		,,	1
Exhibitionism with phobia	,,	1		,,	—
Hysteria with paranoic traits	,,	—		,,	1
Hysteria with obsessional symptoms	,,	—		,,	2
Anxiety with disturbances of potency	,,	1		,,	—
Obsessional neurosis	,,	2		,,	1 (child).
Obsessional neurosis with psychotic features	,,	—		,,	1
Depression, melancholia	,,	2		,,	5
Paranoic psychopathy	,,	1		,,	—
Character	,,	3		,,	13
Pseudologia with feeding difficulties	,,	1	(child)	,,	—
Stammering	,,	1	,,	,,	—
Enuresis with anxiety symptoms	,,	1	,,	,,	—
Didactic analysis without diagnosis	,,	3		,,	4
				Total	73

M. Balint,
Director.

CHICAGO

At the present time the chief research activity of the Institute is the investigation of psychogenic factors in bronchial asthma and other allergic conditions.

This collective study is being organized on a somewhat different method than our previous studies, in that the research staff meet together twice a week to discuss the cases that are being studied, somewhat after the manner of a case seminar. The object of this procedure is of course to allow the fullest exchange of views with reference to the cases and problems, and these staff meetings are in fact proving very stimulating and leading gradually to formulations of the asthma problem that are in the most organic sense a collective product.

Through the influence of Dr. Gregory Zilboorg the Institute has also received funds to participate in a research programme on suicide which is being conducted along the same lines as the asthma research.

We have also started a department of child analysis which, however, at least for the present will be subordinated to the current research programme. A few cases of children with asthma or other allergic disturbances

have been selected and the conclusions drawn from these analyses will later be co-ordinated with the work on adult asthma patients. The analysts taking part in this work are Dr. George Mohr, Dr. Margaret Gerard and, under the supervision of Dr. George Mohr, Miss Helen Ross.

LONDON

The total number of attendances at the Clinic consultations during the year was 76 (45 M., 31 F.), as compared with 98 the previous year and 98 the year before. Of this total 69 were adults (39 M., 30 F.) and 7 were children (6 M., 1 F.).

Adults.

The 69 adults were dealt with as follows:

Advised at the time of examination	30 (16 M., 14 F.)
Recommended treatment	39 (23 M., 16 F.)
Of these latter, offered vacancies	9 (4 M., 5 F.)
Put on the waiting-list	30 (19 M., 11 F.)

Diagnosis.

The following is the provisional diagnosis of the 39 who were recommended treatment: it is subject to revision after treatment has begun:

Anxiety hysteria	15 (6 M., 9 F.)
Conversion hysteria	4 (1 M., 3 F.)
Stammering	1 (1 M., —)
Obsessional neurosis	2 (1 M., 1 F.)
Neurotic character	1 (1 M., —)
Neurasthenia	2 (2 M., —)
Character	1 (1 M., —)
Character inhibition	1 (— 1 F.)
Inhibition	1 (— 1 F.)
Working inhibition	1 (1 M., —)
Sexual inhibition	1 (1 M., —)
Fetish	1 (1 M., —)
Impotent	1 (1 M., —)
Manic depressive	2 (1 M., 1 F.)
Ejaculatio præcox	2 (2 M., —)
Epilepsy	1 (1 M., —)
Crime	1 (1 M., —)
Homosexual	1 (1 M., —)

Children.

The 7 children were dealt with as follows:

Recommended treatment	7 (6 M., 1 F.)
Offered vacancies	1 (1 M., —)
Put on the waiting-list	6 (5 M., 1 F.)

Diagnosis.

Anxiety hysteria	2 (1 M., 1 F.)
Phobia	1 (1 M., —)
Bedwetting	1 (1 M., —)
Speech inhibition	1 (1 M., —)
Convulsions	1 (1 M., —)
D.P.	1 (1 M., —)

The number on the waiting-list at the end of the year is 92, of whom 72 are adults and 20 children. There are at present 58 cases under treatment.

Dr. Edward Glover.

PARIS

In April, 1936, a Polyclinic was opened under the auspices of the Institute, and is being directed by Drs. Leuba and Cénac. The two Directors attend alternately on Thursdays at the consultation-hours for patients, who are sent from various hospitals in Paris. Cases are allotted to the practising analysts among the Members of the Society, according to their special interests and the time they have available and to the suitability of the patients for treatment. Treatment is carried out either at the Institute, or in some hospital, or at the analyst's consulting-room.

Since the Clinic was opened 12 patients have been under treatment:

5 women . 3 for frigidity, 1 hysteric, 1 for hypochondria.

7 men . 4 for obsessional neurosis, 1 for impotence, 1 for anxiety neurosis, 1 for hysteria with phobic symptoms.

VIENNA

The total number of applications at the Clinic during the year was 271 (147 male, 124 female).

	M.	F.
Advised at the time of consultation	82	74
Recommended treatment	53	33
Offered vacancies	12	17
Put on the waiting-list.	41	16
Total	147	124

Diagnosis (not final).

	M.	F.
Conversion hysteria	—	12
Phobia, anxiety neurosis	8	12
Obsessional neurosis	3	6
Disturbances of sexual function	45	19
Working inhibitions	4	3
Character disturbances	3	3
Embarrassment neurosis	10	4

Obscure neurotic complaints, actual conflicts	6	6
Traumatic neurosis	1	—
Organ neurosis	14	3
Erythrophobia	3	2
Perversions	2	1
Homosexual	7	—
Psychopathia	9	11
Depression	5	15
Melancholia	2	9
Schizophrenia	6	5
Paranoia	2	3
Epilepsy	1	1
Organic diseases	6	4
Hypochondriac complaints	10	5
Total	147	124

On December 31, 1936, 36 cases were under treatment.

Otto Isakower,
Vice-Director.

III

REPORT OF THE INTERNATIONAL TRAINING COMMISSION

EDITED BY

EDWARD BIBRING

1. Council of the I.T.C.

The American Association has appointed Dr. A. A. Brill to serve as its representative on the Council. The members of the Council are now as follows: M. Eitingon, *President;* Anna Freud, *Vice-President;* E. Bibring, *Secretary;* Ernest Jones and A. A. Brill, members *ex officio.*

2. Reports of the Training Institutes, read at the General Meeting of the I.T.C. at Marienbad, August 2, 1936. Of the Reports read at the General Meeting, the following only (some of which are given in extract) have been received for publication:

BOSTON PSYCHO-ANALYTIC INSTITUTE

1935–1936

The Boston Psycho-analytic Institute carried out a very successful educational programme in which the members of the Society and the candidates-in-training participated.

The following lectures and seminars were given through the year:

Clinical seminar, by Dr. Hanns Sachs, bi-monthly through the academic year; Seminar on technique, weekly, by Dr. Helene Deutsch; Psycho-Analytic Theory of Instinct; and Ego and its Pathology, by Dr. Ives

Hendrick; Problems of Adolescence, by Dr. John Murray; Freud's Case Histories, by Dr. Isador H. Coriat; Seminar on the Psycho-Analysis of Children, by Erik Homburger; Method and Theory of Applied Psycho-analysis, by Dr. Hanns Sachs; and Psycho-Analytic Psychiatry, by Dr. M. Ralph Kaufman.

The following were nominated as training analysts for 1936–1937: Drs. Isador H. Coriat, Hanns Sachs, Helene Deutsch, John Murray, Ives Hendrick, and M. Ralph Kaufman.

M. Ralph Kaufman,
Secretary.

BRITISH INSTITUTE OF PSYCHO-ANALYSIS

1935–1936

On June 30, 1935, there were 26 candidates in training, of which 20 were engaged in control-analysis (19 with adults, 1 with a child). In the course of the year three more candidates undertook adult control-analysis and one more a child-analysis. Dr. Thorner was passed as qualified for adult analysis; 2 candidates suspended their training.

Control-analysts are as follows: Drs. Brierley, Glover, Jones, Mrs. Klein, Dr. Payne, Mrs. Riviere, Drs. Rickman, Schmideberg, Miss Searl, Miss Sharpe, Miss Sheehan-Dare, Mr. Strachey (in all three new appointments).

Lecture Courses were held by: Miss Sharpe on The Interpretation of Dreams, Mrs. Klein on Technique of Psycho-Analysis, and Dr. Brierley on Sexuality. Clinical Seminars were conducted by Mr. Strachey, Miss Sharpe, Dr. Payne, Mrs. Riviere and Miss Sheehan-Dare; Seminars on Theory by Dr. Brierley; Seminars on Child-Analysis by Mrs. Klein.

CZECHO-SLOVAKIAN STUDY GROUP

Training Centre

1936

Our Study Group, founded by Frau Deri and directed by her until she went to America, is a small but very hard-working body, which devotes by far the greater part of its energies to psycho-analytical training. While three of its members are members of the I.P.A., there are as many as ten training-candidates, seven of whom are already conducting analyses. I should like to take this opportunity of expressing our gratitude to our colleagues in Vienna, who have so greatly assisted our work by accepting invitations, on various occasions, to read papers at our meetings in Prague. The details of our work will be found in our reports in the *Bulletin*. I will merely add that we have also been successful in interesting the public in psycho-analysis in various ways.

Otto Fenichel.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

The Stockholm Training Centre

1934–1936

The various handicaps and difficulties discussed by the Directors of the Training Centres are also experienced in Stockholm, possibly in an even higher degree. They arise at our Training Centre also from the circumstance that a single individual has to combine all the various functions: he must not only conduct the training-analyses but also deliver lectures and conduct control-analyses. An additional difficulty is that most of the candidates who apply for training have already been practising analysis for years past, so that for the present they lack the incentive to study which in other places is provided by the desire to qualify for practice.

I have done my best to make good the various gaps and deficiencies I have noted, by instituting discussions on those psycho-analytical works that deal with the principles of our science, and also by directing control-seminars.

Ludwig Jekels.

GERMAN PSYCHO-ANALYTICAL SOCIETY

1934–1936

The programme of lectures sent in at regular intervals for publication in the *Bulletin* will have kept members of the I.P.A. informed of the lectures and seminars organized by us. This work has been carried on unchanged, in accordance with the new scheme of 'Regulations for Psycho-Analytical Training and Instruction', published by the German Psycho-Analytical Society in 1929, and by means of a curriculum planned to fulfil these regulations. During the period under review a small but faithful audience, varying but little in numbers, has attended at the Institute and has joined in the seminars particularly with unflagging zeal and interest.

The number of training-candidates has been as follows: in July, 1934: 18; in October, 1935: 16; in April, 1936: 16. Since that date three new candidates have been admitted. In June, 1936, the 'German Psychological and Psychotherapeutic Institute' was founded with the consent and encouragement of the authorities. Work begins there in October, 1936, and the German Psycho-Analytical Society will take its place on an equal footing with the other schools of psychotherapy. It is to be expected that the result will be an increase in the numbers of those attending our lectures and applying for training.

During the period covered by this report the following training- and control-analysts have left us: Frau Benedek, Frau Jacobssohn, Frau Kempner (resigned from the Society) and Frau Vowinckel (through change of residence to Ankara). The following new training- and control-analysts have been appointed: Dr. Kemper and Frau Ada Müller-Braunschweig.

Since Frau Vowinckel left us, the Training Committee is formed as follows: Müller-Braunschweig, *Chairman;* Boehm, Kemper, Ada Müller-Braunschweig.

Carl Müller-Braunschweig.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

1935–1936

At the present time the number of candidates engaged in training- and control-analysis is 31, an increase of 10 above that recorded in the report read at the Lucerne Congress in 1934. An innovation in the training-curriculum is a seminar on child-analysis, conducted by Frau Dr. M. Dubovitz. This seminar maintains close contact with the similar seminar of the Vienna Society.

The following is the list of training- and control-analysts: Dr. E. Almassy, Frau A. Balint, Dr. M. Balint, Frau Dr. M. Dubovitz, Frau Dr. F. K. Hann (newly appointed), Dr. I. Hermann, Dr. I. Hollos, Frau V. Kovacs, Frau K. Levy, Dr. L. Revesz, Dr. G. Roheim, Frau Dr. E. K. Rotter.

Imre Hermann.

PALESTINE INSTITUTE FOR PSYCHO-ANALYSIS, JERUSALEM

1936

There is little to be said about the unobtrusive work of our Institute. Its principal function is therapeutic, some 22 cases being at the present time under treatment by myself and my two colleagues, assisted by a training-candidate who has reached the stage of conducting control-analyses. The second of my two Assistants at the Institute completed his training with us after having taken his analysis in Heidelberg and Strassburg. The candidate to whom I have already alluded has finished his training-analysis here and is now engaged in the other departments of his training. We have arranged several courses of lectures for teachers in schools and kindergartens and are in close contact with the Council of Social Welfare, the first of our Assistants at the Institute, Frl. Dr. M. Brandt, having been entrusted by the Jerusalem School Care Committee with the treatment of difficult and backward children, who attend the Beth Habriuth (Health Centre). The Institute is securing increasing recognition from the medical profession here and I have been invited to assist this autumn with the post-graduate courses for physicians arranged in Jerusalem.

M. Eitingon.

PARIS PSYCHO-ANALYTICAL INSTITUTE

1935–1936

The Statutes of our Institute, as well as our programmes during the last three years, have been communicated to the I.T.C. It will be seen

from our programmes that, in addition to the courses of lectures on basic principles—Introduction to Psycho-Analyses, Theory of the Neuroses, Theory of Instinct, Interpretation of Dreams and Technique—various other courses have been given on such subjects as Clinical Psycho-Analysis, Psycho-Analytic Psychiatry, Sexual Perversions and Sexual Biology. In addition special lectures have been delivered on subjects connected with the application of psycho-analysis to other branches of science.

The method of dividing the lectures into courses for the first and the second year has not worked well at our Institute, as it turned out that the candidates wanted to attend both sets of lectures.

The candidates' preference for a particular lecturer appears to determine their choice of the courses which they attend; apart from these they, like all training-candidates, supplement the instruction given by taking part in seminars on technique. During the last few years Drs. Laforgue, Loewenstein and Odier have held meetings at their own houses for the discussion of technical points. Since the Institute was first founded, similar meetings (control-analysis in groups, with an average attendance of ten) have been held weekly at her house by Mme. Marie Bonaparte though, during the past year, owing to her delicate health, they have been somewhat irregular.

Dr. Odier has suggested that in the coming year he should conduct the discussions on technique, while Mme. Marie Bonaparte and Dr. Spitz should hold a weekly seminar on the writings of Freud (*Drei Abhandlungen zur Sexualtheorie* and *Metapsychology*).

At the present time 14 training-analyses are in progress and 3 candidates (1 medical man and 2 teachers) are engaged in control-analysis.

Marie Bonaparte.

3. THE FOUR COUNTRIES CONFERENCE

Discussion on Control Analysis

(*Budapest, May* 15–17, 1937)

The full report of the Four Countries Conference will appear in the *Bulletin* under the Proceedings of Societies. As at the former Conference, a discussion on problems of training took place. On the present occasion it was on ' Methods and Technique of Control Analysis '.

Edward Bibring (Vienna):

I. *The situation in control-analysis.* The training-candidate first makes his report of the analysand in whatever form he chooses, and from this the control-analyst has to form an opinion of the psychic structure of the patient and of the analytic situation at the moment. He then compares his own view with that of the candidate—always keeping an open mind

for the checking of his conclusions—discovers where they differ and indicates any omissions which he has observed in the candidate's statement of the case. In whatever form the report be presented, it is the difficult task of the control-analyst to draw conclusions from it both as to the candidate who makes it and the patient whose case it describes and sometimes, as to the significance of the framing of the report itself.

II. *The basis of control-analysis.* The situation described in the last paragraph suggests the question : how is it possible to control an analysis at all ? The crucial point is that the control-analyst has much more experience than the candidate conducting the analysis.

III. *Purpose of controlling analyses :* instruction in practical analytic technique as an extension of training. The control-analyst's task is twofold : (1) to make sure how far the candidate grasps the following points : the structure of the neurosis with which he is dealing, the various phases of the analytic situation, both as a whole and in detail, and the course which the analysis is taking ; (2) to keep a check on his technique and especially on his interpretations. The control-analyst helps him to understand the case and, when necessary, assists him to decide on the best method of dealing with a given situation and shows him how to apply it. Each of these aspects of ' control ' may suffer if the other is neglected.

The control of a candidate's practical analytic work by an experienced analyst enables him to avoid, if not all, at any rate the more serious of the so-called typical ' beginner's mistakes '. It also assists us to discover his own special peculiarities, some of which are due to a prejudiced outlook, others to his particular make-up (his mental gifts and the structure of his personality), others again to unconscious (pathological) psychic disturbances. To estimate how far he departs from the normal we must keep in mind the average personality and take into consideration the objective situation. If his peculiarities are, or seem to be, the result of unconscious disturbances, the control-analyst will suggest to him how to correct them. The advantages of conducting a control-analysis ; the disadvantages of ' analysing ' a candidate in the control situation.

IV. *Technique of controlling analyses.* Here we have to discriminate between the technique relating to the report presented (obtaining the material) and that of giving instruction to the candidate. As far as is practicable, the candidate should be left free to draw up his report in the form that suggests itself to him. From the framing of it we can infer where his training is defective and what are his peculiarities and, if the instruction given by the control-analyst is helping him, we shall find that the framing of the reports will alter. It is a good plan to supplement the report with the candidate's ' free associations ' when the patient's case is being discussed. The control-analyst must never do more than advise. Dangers of ' hypertrophy ' in instruction, etc.

V. *Criteria of the correctness of conclusions.*

VI. *Difficulties* (a) *of an objective and* (b) *of subjective nature in controlling an analysis.*

Karl Landauer (Amsterdam) :

Remarks from the standpoint of an analyst living apart from any large Branch Society. The relation between control-analyst and candidate is very intimate but also highly ambivalent, since it is generally the former who apportions the patients to the candidates, and other people hold him responsible for the analysis. Control-analysis is often begun when the training-analysis has been discontinued, either because it is impossible or, in many cases, undesirable to go on with it. The junior analyst is therefore frequently in a depressed or a hypomanic state and tends also to be over-theoretical in his approach. ' The brother-clan ' and wives. There must be a clean cut between training- and control-analysis : a positive transference should be regarded as transference and a negative one as reality. The candidate's hostility must be allayed by self-sacrifice on the part of the control-analyst ; the greatest possible consideration must be shown in the matter of fees ; there should be no time-limit ; the atmosphere must be friendly. Purposes of control : protection of the patient with whom both are dealing, acquisition by the candidate of technical dexterity, stimulation of his interest in theory and practical research, recognition of his unconscious fixations, release from theoretical fixations, guidance in the direction of self-analysis in projection. The final result of control-analysis should be to provide a broader basis for intercourse between analysts. With this end in view the control-analyst must play the part of an elder brother : the candidates are not his pupils but his colleagues. The control-seminar should represent community of work with complete individual liberty.

Summary of Discussion

As at the previous Conference the discussion turned mainly on the question of whether our aim is to be the control of an analysis or the ' analysis ' of the candidate being controlled. In other words : is the main object of ' control ' simply the *analysis* of a candidate's practical analytic work (that is, the analytical elucidation of the difficulties which confront him when he begins to analyse patients) or is it primarily *instruction* in the art of analysis ? This problem suggests another : whether or not it is inadvisable for the same individual to act as both training- and control-analyst and whether as a matter of principle he should not do so. A further distinction is necessary here. Those who hold that the *analysis* of his analytic treatment of patients is the most important part of a candidate's practical training regard it as a matter of course that the training-analyst should be responsible for the control-analysis also. On the other hand there are those who (whilst admitting the importance of the analysis of the can-

didate's analytic work as part of the training-analysis) regard instruction in analysis as essential and ask whether the training-analyst should undertake the ' control ' (of course outside the analytic hour and as something entirely distinct from the candidate's own analysis—treating it, that is to say, as instruction and not as analysis) or whether the control-analysis should be undertaken by someone else.

The discussion showed that neither party took an extreme view, and it had the happy effect of enabling both to see more nearly eye to eye. The principal points made were as follows : (1) The analysis of a candidate's practical analytic work is an indispensable part of his training and, with it, his training-analysis finally terminates. His treatment of patients is, so to speak, the touchstone by which we test the result of his own analysis. On the other hand, if he begins his practical work while his training-analysis is still in progress, there is a chance of making good any gaps or possible oversights. (2) Two views were expressed on the value of ' control '. One was that it was of fundamental importance, the other that, though it had practical advantages, it was not a primary factor in training. (3) The ' analysis ' of a candidate's practical analytic work does not in any way preclude ' control ' in the sense of instruction or make it superfluous. There are certain reasons why both methods of control should be used. For instance, other members of the Training Committee besides his training-analyst should get to know the candidate. (4) On the other hand opinion was unanimous that training in the practice of analysis should begin during the training-analysis, so that the candidate's practical work, as well as his whole reaction to the control-situation, may be analysed. But the mere analysis of his practical analytic work, without the imparting of further instruction in the art of analysing, was to be deprecated, because it was unsatisfactory from the point of view of training. (5) As a matter of principle the training-analysis and the control-analysis should not be conducted by the same individual for, in some cases, this was not only an obstacle to the analysis of the candidate's own analytic work or of the control-situation but it also might be detrimental to the ' control ' itself, as, for instance, when transference-relations were carried over from his own analysis into the new situation. (6) Nevertheless perhaps no final conclusion could as yet be arrived at on this point, seeing that in certain circumstances (for example, in the various training-centres) there was no alternative to the training-analyst's undertaking the control-analysis also. It led to difficulties, but under the particular conditions it was inevitable. In cases where the candidate was experiencing special difficulty in his training it was sometimes very desirable for the same analyst to be responsible for both training- and control-analysis. Perhaps further experiments should be made in this connection and the conclusions of the different analysts should be compared.